

FOOD ESTABLISHMENT INSPECTION REPORT

BETHEL TOWNSHIP - DELAWARE COUNTY
1092 BETHEL ROAD - GARNET VALLEY, PA 19060
610-459-1529 - FAX: 610-459-2921

Date 10/8/15 Time In 1200

- | | | |
|---------------------|---------------------------------------|----------------------------|
| REFUSE/RECYCLE | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| GREASE INTERCEPTORS | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| EXTERMINATION | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| ICE MAKER | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| HOODS/EXHAUST | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |

Food Facility
Bethel Spring Elementary
3290 Fork Rd

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance, OUT = not in compliance, N/O = not observed, N/A = not applicable, C = corrected on site, R = repeated

Compliance Status:

Compliance Status:

IN, OUT, N/A, MO	C	R	Description
Demonstration of Knowledge			
1	<input checked="" type="checkbox"/>		Certification by accredited program, compliance with Code, or correct responses.
Employee Health			
2	<input checked="" type="checkbox"/>		Management awareness, policy present
3	<input checked="" type="checkbox"/>		Proper use of reporting; restriction & exclusion
Good Hygienic Practices			
4	<input checked="" type="checkbox"/>		Proper eating, tasting, drinking, or tobacco use
5	<input checked="" type="checkbox"/>		No discharge from eyes, nose and mouth
Preventing Contamination by Hands			
6	<input checked="" type="checkbox"/>		Hands clean & properly washed <i>N/O</i>
7	<input checked="" type="checkbox"/>		No bare hand contact with RTE foods or approved alternate method properly followed
8	<input checked="" type="checkbox"/>		Adequate handwashing facilities supplied & accessible
Approved Source			
9	<input checked="" type="checkbox"/>		Food obtained from approved source
10	<input checked="" type="checkbox"/>		Food received at proper temperature <i>N/O</i>
11	<input checked="" type="checkbox"/>		Food in good condition, safe & unadulterated
12	<input checked="" type="checkbox"/>		Required records available; shellstock tags, parasite destruction <i>N/A</i>
Protection from Contamination			
13	<input checked="" type="checkbox"/>		Food separated & protected
14	<input checked="" type="checkbox"/>		Food-contact surfaces: cleaned & sanitized
15	<input checked="" type="checkbox"/>		Proper disposition of returned, previously served, reconditioned & unsafe food

IN, OUT, N/A, MO	C	R	Description
Potentially Hazardous Food time/Temp			
16	<input checked="" type="checkbox"/>		Proper cooking time & temperatures
17	<input checked="" type="checkbox"/>		Proper reheating procedures for hot holding <i>N/O</i>
18	<input checked="" type="checkbox"/>		Proper cooling time & temperatures <i>N/O</i>
19	<input checked="" type="checkbox"/>		Proper hot holding temperatures
20	<input checked="" type="checkbox"/>		Proper cold holding temperatures
21	<input checked="" type="checkbox"/>		Proper date marking & disposition
22	<input checked="" type="checkbox"/>		Time as a public health control: procedures & record
Consumer Advisory			
23	<input checked="" type="checkbox"/>		Consumer advisory provided for raw or under cooked foods <i>N/A</i>
Highly Susceptible Populations			
24	<input checked="" type="checkbox"/>		Pasteurized food used; prohibited foods not offered
Chemical			
25	<input checked="" type="checkbox"/>		Food additives: approved & properly used
26	<input checked="" type="checkbox"/>		Toxic substances properly identified, stored, & used
Conformance with Approved Procedures			
27	<input checked="" type="checkbox"/>		Compliance with variance, specialized process, & HACCP plan

Risk factors are improper practices identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status:

Compliance Status:

IN, OUT, N/A, MO	C	R	Description
Safe Food and Water			
28	<input checked="" type="checkbox"/>		Pasteurized eggs used where required
29	<input checked="" type="checkbox"/>		Water & ice from approved source
30	<input checked="" type="checkbox"/>		Variance obtained for specialized processing methods <i>N/A</i>
Food Temperature Control			
31	<input checked="" type="checkbox"/>		Proper cooling methods used; adequate equipment for temperature
32	<input checked="" type="checkbox"/>		Plant food proper cooked for hot holding
33	<input checked="" type="checkbox"/>		Approved thawing methods used
34	<input checked="" type="checkbox"/>		Thermometer provided & accurate
Food Identification			
35	<input checked="" type="checkbox"/>		Food properly labeled; original container
Prevention of Food Contamination			
36	<input checked="" type="checkbox"/>		Insects, rodents & animals not present; no unauthorized persons
37	<input checked="" type="checkbox"/>		Contamination prevented during prep, storage & display
38	<input checked="" type="checkbox"/>		Personal cleanliness
39	<input checked="" type="checkbox"/>		Wipe cloths: properly used & stored
40	<input checked="" type="checkbox"/>		Washing fruits & vegetables <i>N/O</i>

IN, OUT, N/A, MO	C	R	Description
Proper Use of Utensils			
41	<input checked="" type="checkbox"/>		In-use utensils: properly stored
42	<input checked="" type="checkbox"/>		Utensil, equipment & linens proper stored dried & handled
43	<input checked="" type="checkbox"/>		Single-use & service articles: properly stored & used
44	<input checked="" type="checkbox"/>		Gloves properly used
Utensils, Equipment and Vending			
45	<input checked="" type="checkbox"/>		Food & non-food contact surfaces cleanable, properly designed, constructed, & used
46	<input checked="" type="checkbox"/>		Warewashing facilities; installed, maintained & used; test strips <i>-Make sure using</i>
47	<input checked="" type="checkbox"/>		Non-food contact surfaces clean
Physical Facilities			
48	<input checked="" type="checkbox"/>		Hot & cold water available; adequate pressure
49	<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices
50	<input checked="" type="checkbox"/>		Sewage & waste water properly disposed
51	<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, clean
52	<input checked="" type="checkbox"/>		Garbage & refuse properly disposed; facilities maintained
53	<input checked="" type="checkbox"/>		Physical facilities installed, maintained & clean
54	<input checked="" type="checkbox"/>		Adequate ventilation & lighting; designated areas used

Item/Location	Temp	Item/Location	Temp

Certified Food Employee

Yes

No

Exempt

Brenda Nelson

P.I.C. signature:

Lusi L. Dool

Sanitarian signature

DEPARTMENT OF HEALTH
TOWNSHIP OF BETHEL
 1092 BETHEL ROAD, GARNET VALLEY, PA 19060
 PHONE: 459-1529 • FAX: 610-459-2921

FOOD ESTABLISHMENT
INSPECTION REPORT

NAME Bethel Springs Elementary DATE 10-8-15
 ADDRESS 3280 Foulke Rd TIME 12:00

*ALL HAND SINKS MUST HAVE HOT WATER, SOAP/PAPER TOWEL DISPENSERS FILLED AT ALL TIMES. EMPLOYEES ARE REQUIRED TO WASH HANDS OFTEN, ESPECIALLY AFTER RESTROOM, FOOD PREP, GLOVE CHANGE, EATING, SMOKING, AND CLEANING/TRASH DETAIL.
 NO BARE HAND CONTACT WITH RTE FOODS OR APPROVED ALTERNATIVE METHOD MUST BE PROPERLY FOLLOWED.

SERVE SAFE Y N
 REFUSE/RECYCLE Y N
 GREASE INTERCEPTORS Y N
 EXTERMINATION Y N
 ICE MAKER Y N
 HOODS/EXHAUST Y N

Item/Location	Temp	Item/Location	Temp
Walk In Freezer	36°F	Chicken (hot)	198°F
	10°F	Deli food / fruit	45°F
* PVC pipe behind washer/dryer. Seal opening around pipe + wall. Add cap cover.			
* Steamer unit - re-seal wall connection + attach cap cover. Add floor drain cover over drain.			
* All floor drains must be sealed - ^{broken} perimeter of drain to floor (see steamer table drain)			

Observations & Corrective Actions
 Inspection date and overall compliance result shall be listed on the Pennsylvania Department of Agriculture website within 5 calendar days.

* Replace filter on ice machine 7/20/14
 * Replace light shield freezer Walk In above door

WAREWASHING DATA:
 MANUAL
 WATER TEMP. _____ °F
 CHEM SANITIZER TYPE _____
 CONCENTRATION _____ PPM
 MECHANICAL
 WASH WATER TEMP. 170 °F
 RINSE WATER TEMP. 150 °F
 FINAL WATER TEMP. 185 °F

Certified Foods Employee

Yes No Exempt

Bruce Nunn

P.I.C. signature

Lori Loyal

Sanitation Signature