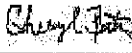



Montgomery County Health Department - Division of Environmental Field Services						Page <u>1</u> of <u>2</u>					
INSPECTION REPORT FOR FOOD ESTABLISHMENTS											
Pottstown Health Center 364 King Street Pottstown, PA 19484 Phone: 610-970-5040 Fax: 610-970-5048			Total Violations		0	Date of Inspection		01/26/2017			
			Risk Violations Count		0	License Number		F17635			
			Arrival Time		12:20 PM		Expiration Date		03/31/2017		
			Departure Time		01:30 PM		Facility Closure				
Food Facility Name Indian Crest Middle School			Address 139 Harleysville Pike Souderton, PA 18964			Municipality Franconia					
Owner Souderton Area School District		Telephone 215-723-6061		Purpose of Inspection Routine		Re-inspection on or after					
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS											
Circle designated compliance status (IN OUT N/O N/A) for each number item						Mark "X" in appropriate box for COS and/or R					
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable						COS=corrected on site during inspection R=repeat violation					
Compliance Status				Compliance Status							
Supervision				Time/Temperature Control for Safety							
1	(IN) OUT	Person in charge present, demonstrates knowledge, and performs duties		18	(IN) OUT N/A (N/O)	Proper cooking time & temperature					
2	(IN) OUT N/A	Certified Food Protection Manager		19	(IN) OUT N/A (N/O)	Proper reheating procedures for hot holding					
Employee Health				Consumer Advisory							
3	(IN) OUT	Management, food employees and conditional employee; knowledge, responsibilities and reporting		21	(IN) OUT N/A (N/O)	Proper hot holding temperatures					
4	(IN) OUT	Proper use of restriction and exclusion		22	(IN) OUT N/A (N/O)	Proper cold holding temperatures					
5	(IN) OUT	Procedures for responding to vomiting and diarrheal events		23	(IN) OUT N/A (N/O)	Proper date marking & disposition					
6	(IN) OUT N/O	Proper eating, tasting, drinking or tobacco use		24	(IN) OUT N/A (N/O)	Time as a public health control; procedures & record					
7	(IN) OUT (N/O)	No discharge from eyes, nose, and mouth		Highly Susceptible Populations							
Preventing Contamination By Hands				25	(IN) OUT (N/A)	Consumer advisory provided for raw/undercooked foods					
8	(IN) OUT N/O	Hands clean & properly washed		Food/Color Additives and Toxic Substances							
9	(IN) OUT N/A (N/O)	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		27	(IN) OUT N/A	Food additives; approved & properly used					
10	(IN) OUT	Adequate handwashing facilities supplied & accessible		28	(IN) OUT N/A	Toxic substances properly identified, stored, & used					
Approved Source				Conformance with Approved Procedures							
11	(IN) OUT	Food obtained from approved source		29	(IN) OUT N/A	Compliance with variance/specialized process/HACCP					
12	(IN) OUT N/A (N/O)	Food received at proper temperature		Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.							
13	(IN) OUT	Food in good condition, safe, & unadulterated									
14	(IN) OUT (N/A) N/O	Required records available; shellstock tags, parasite destruction									
Protection from Contamination											
15	(IN) OUT N/A (N/O)	Food separated & protected									
16	(IN) OUT N/A	Food-contact surfaces; cleaned & sanitized									
17	(IN) OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food									
GOOD RETAIL PRACTICES											
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.											
Mark "X" in appropriate box for COS and/or R COS=corrected on site during inspection R=repeat violation											
Compliance Status				Compliance Status							
Safe Food and Water				Proper Use of Utensils							
30	(IN) OUT	Pasteurized eggs used where required		44	(IN) OUT	Utensils, equipment & linens; properly stored, dried, & handled					
31	(IN) OUT	Water & ice from approved source		45	(IN) OUT	Single-use & single-service articles; properly stored & used					
32	(IN) OUT (N/A)	Variance obtained for specialized processing methods		48	(IN) OUT	Gloves used properly					
Food Temperature Control				Utensils, Equipment and Vending							
33	(IN) OUT	Proper cooling methods used; adequate equipment for temperature control		47	(IN) OUT	Food & non-food contact surfaces cleanable, properly designed, constructed & used					
34	(IN) OUT N/A (N/O)	Plant food properly cooked for hot holding		48	(IN) OUT	Warewashing facilities; installed, maintained, & used; test strips					
35	(IN) OUT N/A (N/O)	Approved thawing methods used		49	(IN) OUT	Non-food contact surfaces clean					
36	(IN) OUT	Thermometers provided & accurate		Physical Facilities							
Food Identification				50	(IN) OUT	Hot & cold water available; adequate pressure					
37	(IN) OUT	Food properly labeled; original container		51	(IN) OUT	Plumbing installed; proper backflow devices					
Prevention of Food Contamination				52	(IN) OUT	Sewage & waste water properly disposed					
38	(IN) OUT	Insect, rodents & animals not present		53	(IN) OUT	Toilet facilities; properly constructed, supplied, & cleaned					
39	(IN) OUT	Contamination prevented during food preparation, storage and display		54	(IN) OUT	Garbage & refuse properly disposed; facilities maintained					
40	(IN) OUT	Personal cleanliness		55	(IN) OUT	Physical facilities installed, maintained, and clean					
41	(IN) OUT	Wiping cloths; properly used & stored		56	(IN) OUT	Adequate ventilation and lighting; designated areas used					
42	(IN) OUT	Washing fruits & vegetables		Proper Use of Utensils							
Proper Use of Utensils				43	(IN) OUT	In-use utensils; properly stored					

Montgomery County Health Department - Division of Environmental Field Services						Page <u>2</u> of <u>2</u>
INSPECTION REPORT FOR FOOD ESTABLISHMENTS						
Disinfectant/Sanitizer		pH		CFSM Name: _____		
<input checked="" type="checkbox"/> Heat 189 _____ °F				CFSM Number: _____ Exp. Date: _____		
<input checked="" type="checkbox"/> Chemical Quat						
TEMPERATURE OBSERVATIONS						
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	
/Walk-in cooler	38°F	/Walk-in freezer	0°F	/Reach-in cooler	37°F	
/Milk Cooler	40°F	/Chest freezer	-9°F	/chest freezer	0°F	
OBSERVATIONS AND CORRECTIVE ACTIONS						
Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in section 8-405.11 of the food code.					
Inspection Comments	No violations to report at the time of the inspection					
Person In Charge (Signature) 			Name: Cheryl Bates			
Inspector  William Rogers			Date: 1/26/17			