



Montgomery County Health Department - Division of Environmental Field Services				Page <u>1</u> of <u>2</u>			
INSPECTION REPORT FOR FOOD ESTABLISHMENTS							
<b>Pottstown Health Center</b> 364 King Street Pottstown, PA 19464 Phone: 610-970-5040 Fax: 610-970-5048		Total Violations	2	Date of Inspection	01/23/2017		
		Risk Violations Count	0	License Number	F17840		
		Arrival Time	10:30 AM	Expiration Date	03/31/2017		
		Departure Time	12:05 PM	Facility Closure			
<b>Food Facility Name</b> Oak Ridge Elementary School		<b>Address</b> 465 Moyer RD Harleysville, PA 19438		<b>Municipality</b> Lower Salford			
<b>Owner</b> Souderton Area School District		<b>Telephone</b> 215-723-6061		<b>Purpose of Inspection</b> Routine			
				<b>Re-inspection on or after</b> _____			
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		COS		R			
Supervision			Time/Temperature Control for Safety				
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties	<input type="checkbox"/>	<input type="checkbox"/>	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> (N/O)	Proper cooking time & temperature	
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager	<input type="checkbox"/>	<input type="checkbox"/>	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> (N/O)	Proper reheating procedures for hot holding	
Employee Health			Consumer Advisory				
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management, food employees and conditional employee; knowledge, responsibilities and reporting	<input type="checkbox"/>	<input type="checkbox"/>	21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> (N/O)	Proper cooling time & temperature	
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> (N/O)	Proper hot holding temperatures	
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Procedures for responding to vomiting and diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>	23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> (N/O)	Proper cold holding temperatures	
Good Hygienic Practices			Highly Susceptible Poulations				
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> (N/O)	Proper eating, testing, drinking or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> (N/O)	Time as a public health control; procedures & record	
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw/undercooked foods	
Preventing Contamination By Hands			Food/Color Additives and Toxic Substances				
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="checkbox"/> N/O	Hands clean & properly washed	<input type="checkbox"/>	<input type="checkbox"/>	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> (N/A)	Food additives: approved & properly used	
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> (N/O)	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	<input type="checkbox"/>	<input type="checkbox"/>	28 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, & used	
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing facilities supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures		
Approved Source			29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> (N/A)	Compliance with variance/specialized process/HACCP		
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	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.		
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> (N/O)	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, & unadulterated	<input type="checkbox"/>	<input type="checkbox"/>			
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> (N/A) <input type="checkbox"/> (N/O)	Required records available; shellstock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>			
Protection from Contamination							
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> (N/O)	Food separated & protected	<input type="checkbox"/>	<input type="checkbox"/>			
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces; cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>			
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	<input type="checkbox"/>	<input type="checkbox"/>			
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		COS		R			
Safe Food and Water			Proper Use of Utensils				
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	44 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens; properly stored, dried, & handled	
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water & ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	45 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use & single-service articles; properly stored & used	
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> (N/A)	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	46 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly	
Food Temperature Control			Utensils, Equipment and Vending				
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	47 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food & non-food contact surfaces cleanable, properly designed, constructed & used	
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> (N/O)	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	48 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities; installed, maintained, & used; test strips	
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> (N/O)	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	49 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean	
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		
Food Identification			50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure		
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	51 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices	
Prevention of Food Contamination			52	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Sewage & waste water properly disposed		
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insect, rodents & animals not present	<input type="checkbox"/>	<input type="checkbox"/>	53 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities; properly constructed, supplied, & cleaned	
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage and display	<input type="checkbox"/>	<input type="checkbox"/>	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained, and clean	
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths; properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>	56 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used	
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>			
Proper Use of Utensils							
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils; properly stored	<input type="checkbox"/>	<input type="checkbox"/>			

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INSPECTION REPORT FOR FOOD ESTABLISHMENTS						
Disinfectant/Sanitizer		pH		CFSM Name: <u>Debra DelVecchio</u>		
<input checked="" type="checkbox"/> Heat 188 _____ °F				CFSM Number: _____ Exp. Date: <u>09/30/2017</u>		
<input checked="" type="checkbox"/> Chemical QAT						
TEMPERATURE OBSERVATIONS						
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	
/Chest Freezer	3°F	/Reach In Freezer	20°F	/Walk in freezer	-20°F	
/3 Door Freezer	-10°F	/Walk In Cooler	39°F	/Milk Cooler	28°F	
/2 Door Cooler	38°F	Chicken Patties/Warmer	168°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.					
51	6-205.15: System Maintained in Good Repair Handle for handwashing sink in dish room leaking.					
56	Several burned out bulbs in hood ventilation system above pot cooker.					
Inspection Comments	Facility must correct and maintain all noted violations					
Person In Charge (Signature) 				Name: <u>Deborah DelVecchio</u>		
Inspector  Harrison Bright				Date: <u>1/23/17</u>		