

FOOD FACILITY INSPECTION REPORT

Columbia Middle School COLUMBIA, PA

Facility: ~~Taylor Elementary School~~
 Facility #: *CAMPUS*
 Owner: *[Signature]*
 Address: *45 N. 9th St.*

Inspect Date: *8-16-19*
 Inspect/License #: *19-8-*
 Inspect Reason: *Semi Annual*
 # of Risk Factors: *2*
 # of Repeat Risk Factors:
 Overall Compliance: **(IN) OUT**

FOODBORNE ILLNESS RISK FACTORS & PUBLIC HEALTH INTERVENTIONS

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

IN=In Compliance, OUT=Out of Compliance, N/O=Not Observed, N/A=Not Applicable, C=Corrected On Site, R=Repeat Violation

Supervision

1. Person in charge present, demonstrates knowledge & performs duties **(IN) OUT N/O N/A C R**

Employee Health

2. Management & food employee knowledge, responsibilities & reporting **(IN) OUT N/O N/A C R**

3. Proper use of restriction & exclusion **(IN) OUT N/O N/A C R**

Good Hygienic Practices

4. Proper eating, tasting, drinking, or tobacco use **(IN) OUT N/O N/A C R**

5. No discharge from eyes, nose, & mouth **(IN) OUT N/O N/A C R**

Preventing Contamination by Hands

6. Hands clean & properly washed **(IN) OUT N/O N/A C R**

7. No bare hand contact w/ RTE foods or approved alternate method properly followed **(IN) OUT N/O N/A C R**

8. Adequate handwashing facilities supplied & accessible **(IN) OUT N/O N/A C R**

Approved Source

9. Food obtained from approved source **(IN) OUT N/O N/A C R**

10. Food received at proper temperature **(IN) OUT N/O N/A C R**

11. Food in good condition, safe, & unadulterated **(IN) OUT N/O N/A C R**

12. Required records available: shell stock tags, parasite destruction **(IN) OUT N/O (N/A) C R**

Protection From Contamination

13. Food separated & protected **(IN) OUT N/O N/A C R**

14. Food-contact surfaces cleaned & sanitized **(IN) OUT N/O N/A C R**

15. Proper disposition of returned, previously served, reconditioned, & unsafe food **(IN) OUT N/O N/A C R**

Potentially Hazardous Food Time/Temperature

16. Proper cooking time & temperature **(IN) OUT N/O N/A C R**

17. Proper reheating procedures for hot holding **(IN) OUT N/O N/A C R**

18. Proper cooling time & temperature **(IN) OUT N/O N/A C R**

19. Proper hot holding temperature **(IN) OUT N/O N/A C R**

20. Proper cold holding temperature **(IN) OUT N/O N/A C R**

21. Proper date marking & disposition **(IN) OUT N/O N/A C R**

22. Time as a public health control; procedures & record **(IN) OUT N/O N/A C R**

Consumer Advisory

23. Consumer advisory provided for raw or undercooked foods **(IN) OUT N/O (N/A) C R**

Highly Susceptible Population

24. Pasteurized foods used; prohibited foods not offered **(IN) OUT N/O N/A C R**

Chemical

25. Food additives approved & properly used **(IN) OUT N/O N/A C R**

26. Toxic substances properly identified, stored & used **(IN) OUT N/O N/A C R**

Conformance with Approved Procedure

27. Compliance with variance, specialized process, & HACCP plan **(IN) OUT N/O N/A C R**

GOOD RETAIL PRACTICES

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

Safe Food & Water

28. Pasteurized eggs used where required **(IN) OUT N/O N/A C R**

29. Water & ice from approved source **(IN) OUT N/O N/A C R**

30. Variance obtained for specialized process or method **(IN) OUT N/O N/A C R**

Food Temperature Control

31. Proper cooling method used; adequate equipment for temperature control **(IN) OUT N/O N/A C R**

32. Plant food properly cooked for hot holding **(IN) OUT N/O N/A C R**

33. Approved thawing methods used **(IN) OUT N/O N/A C R**

34. Thermometer provided & accurate **(IN) OUT N/O N/A C R**

Food Identification

35. Food properly labeled; original container **(IN) OUT N/O N/A C R**

Prevention of Food Contamination

36. Insects, rodents & animals not present **(IN) OUT N/O N/A C R**

37. Contamination prevented during food preparation, storage & display **(IN) OUT N/O N/A C R**

ETTER 3/11/19

- 38. Personal cleanliness IN OUT N/O N/A C R
- 39. Wiping cloths properly used & stored IN OUT N/O N/A C R
- 40. Washing fruit & vegetables IN OUT N/O N/A C R
- Proper Use of Utensils
- 41. In-use utensils properly stored IN OUT N/O N/A C R
- 42. Utensils, equipment & linens properly stored, dried & handled IN OUT N/O N/A C R
- 43. Single-use & single-service articles; properly stored & used IN OUT N/O N/A C R
- 44. Gloves used properly IN OUT N/O N/A C R
- Utensils, Equipment and Vending
- 45. Food & non-food contact surfaces cleanable, properly designed, constructed, & used IN OUT N/O N/A C R
- 46. Warewashing facilities installed, maintained & used; test strips IN OUT N/O N/A C R
- 47. Non-food contact surfaces clean IN OUT N/O N/A C R
- Physical Facilities
- 48. Hot & cold water available; adequate pressure IN OUT N/O N/A C R
- 49. Plumbing installed; proper backflow devices IN OUT N/O N/A C R
- 50. Sewage & waste water properly disposed IN OUT N/O N/A C R
- 51. Toilet facilities properly constructed, supplied & cleaned IN OUT N/O N/A C R
- 52. Garbage & refuse properly disposed; facilities maintained IN OUT N/O N/A C R
- 53. Physical facilities installed, maintained, & clean IN OUT N/O N/A C R
- 54. Adequate ventilation & lighting; designated areas used IN OUT N/O N/A C R

FOOD EMPLOYEE CERTIFICATION

Food Service Worker Certification
 55. Certification displayed properly & is up-to-date Peggy Duke 11-2022 IN OUT N/O N/A C R

TEMPERATURE OBSERVATIONS

| Item | Location | Temp | Item | Location | Temp | Item | Location | Item |
|---------------|----------|------|------|----------|------|------|----------|------|
| Refrig | Kit. | 39 | | | | | | |
| " | Storage | 27 | | | | | | |
| Split Refrig. | " | 33 | | | | | | |
| Milk, etc. | Kit | 28 | | | | | | |

ADMINISTRATIVE NOTES

PUBLISHED COMMENTS

Capotania exterior door threshold needs adjusted to exclude insect entry.
 " " doors need adjusted to open w/ ease.

Peggy Duke

Jeffrey Helm

Visit Date _____ Person in Charge _____ Signature _____ Inspector _____ Signature _____ Time In _____ Time Out _____
 Jeffrey Helm