# CCIS

# Sanitation Survey Report

## Food Inspection Program

Page 1 of 2

Business Name: Bruster's Real Ice Cream - Mobile

Operator:

Phone: ( )

Address: 500 Gateway Avenue, Chambersburg, PA 17201

City

ZIP

Seat / Checkouts

General Health Record ID

P/E

Date: 07/18/09

EHS

Activity Time: m

Travel Time: m

PR

### Red High Risk Factors

**High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Circles indicate compliance status (IN, OUT, N/O, N/A) for each item.**

IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable CDI = corrected during inspection R = repeat violation

| | Compliance Status | | CDI | R | PTS |
|---|---|---|---|---|---|
| **Demonstration of Knowledge** | | | | | |
| 0100 | IN OUT | PIC certified by accredited program, or compliance with Code, or correct answers | ☐ | ☐ | 5 |
| 0200 | IN OUT | Food Worker Cards current for all food workers; new food workers trained | ☐ | ☐ | 5 |
| **Employee Health** | | | | | |
| 0300 | IN OUT | Proper ill worker practices; no ill workers present; proper reporting of illness | ☐ | ☐ | 25 |
| **Preventing Contamination by Hands** | | | | | |
| 0400 | IN OUT N/O | Hands washed as required | ☐ | ☐ | 15 |
| 0500 | IN OUT N/A N/O | Proper methods used to prevent bare hand contact with RTE foods | ☐ | ☐ | 15 |
| 0600 | IN OUT | Adequate handwashing facilities | ☐ | ☐ | 10 |
| **Approved Source, Wholesome, Not Adulterated** | | | | | |
| 0700 | IN OUT | Food obtained from approved source | ☐ | ☐ | 15 |
| 0800 | IN OUT | Water supply, ice from approved source | ☐ | ☐ | |
| 0900 | IN OUT N/A N/O | Proper washing of fruits and vegetables | ☐ | ☐ | 10 |
| 1000 | IN OUT | Food in good condition, safe and unadulterated; approved additives | ☐ | ☐ | 10 |
| 1100 | IN OUT | Proper disposition of returned, previously served, unsafe, or contaminated food | ☐ | ☐ | 10 |
| 1200 | IN OUT N/A N/O | Proper shellstock identification; proper parasite destruction procedures for fish | ☐ | ☐ | 5 |
| **Protection from Cross Contamination** | | | | | |
| 1300 | IN OUT N/A | Food contact surfaces used for raw meat thoroughly cleaned and sanitized | ☐ | ☐ | 15 |
| 1400 | IN OUT N/A | Raw meats below or away from RTE food | ☐ | ☐ | 5 |
| 1500 | IN OUT N/A N/O | Proper handling of pooled eggs | ☐ | ☐ | 5 |

| | Compliance Status | | CDI | R | PTS |
|---|---|---|---|---|---|
| **Potentially Hazardous Food Time/Temperature** | | | | | |
| 1600 | IN OUT N/A N/O | Proper cooling procedures | ☐ | ☐ | 30 |
| 1710 | IN OUT N/A N/O | Proper hot holding temperatures (<130°F) | ☐ | ☐ | 25 |
| 1720 | IN OUT N/A N/O | Proper hot holding temperatures (between 130°F to 139°F) | ☐ | ☐ | 5 |
| 1800 | IN OUT N/A N/O | Proper cooking time and temperature | ☐ | ☐ | 25 |
| 1900 | IN OUT N/A N/O | No room temperature storage; proper use of time as a control, procedures available | ☐ | ☐ | 25 |
| 2000 | IN OUT N/A N/O | Proper reheating procedures for hot holding | ☐ | ☐ | 15 |
| 2110 | IN OUT N/A | Proper cold holding temperatures (> 45°F) | ☐ | ☐ | 10 |
| 2120 | IN OUT N/A | Proper cold holding temperatures (between 42°F to 45°F) | ☐ | ☐ | 5 |
| 2200 | IN OUT N/A | Accurate thermometer provided and used to evaluate temperature of PHF | ☐ | ☐ | 5 |
| **Consumer Advisory** | | | | | |
| 2300 | IN OUT N/A | Proper Consumer Advisory posted for raw or undercooked foods | ☐ | ☐ | 5 |
| **Highly Susceptible Populations** | | | | | |
| 2400 | IN OUT N/A | Pasteurized foods used as required; prohibited foods not offered | ☐ | ☐ | 10 |
| **Chemical** | | | | | |
| 2500 | IN OUT | Toxic substances properly identified, stored, used | ☐ | ☐ | 10 |
| **Conformance with Approved Procedures** | | | | | |
| 2600 | IN OUT N/A | Compliance with risk control plans, variances, or mobile unit plan of operation | ☐ | ☐ | 10 |
| 2700 | IN OUT N/A | Variance obtained for specialized processing methods (e.g., ROP) | ☐ | ☐ | 10 |

### Blue Low Risk Factors

**Low Risk Factors are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods. Circled points indicate items not in compliance.**

| | | CDI | R | PTS |
|---|---|---|---|---|
| **Food Temperature Control** | | | | |
| 2800 | Food received at proper temperature | ☐ | ☐ | 5 |
| 2900 | Adequate equipment for temperature control | ☐ | ☐ | 5 |
| 3000 | Proper thawing methods used | ☐ | ☐ | 3 |
| **Food Identification** | | | | |
| 3100 | Proper labeling, signage | ☐ | ☐ | 5 |
| **Protection from Contamination** | | | | |
| 3200 | Insects, rodents, animals not present; entrance controlled | ☐ | ☐ | 5 |
| 3300 | Potential food contamination prevented during preparation, storage, display | ☐ | ☐ | 5 |
| 3400 | Wiping cloths properly used, stored | ☐ | ☐ | 5 |
| 3500 | Employee cleanliness and hygiene | ☐ | ☐ | 3 |
| 3600 | Proper eating, tasting, drinking, or tobacco use | ☐ | ☐ | 3 |
| **Proper Use of Utensils** | | | | |
| 3700 | In-use utensils properly stored | ☐ | ☐ | 3 |
| 3800 | Utensils, equipment, linens properly stored, used, handled | ☐ | ☐ | 3 |
| 3900 | Single-use and single-service articles properly stored, used | ☐ | ☐ | 3 |

| | | CDI | R | PTS |
|---|---|---|---|---|
| **Utensils and Equipment** | | | | |
| 4000 | Food and non-food sufaces properly used and constructed; cleanable | ☐ | ☐ | 5 |
| 4100 | Warewashing facilities properly installed, maintained, used; test strips available and used | ☐ | ☐ | 5 |
| 4200 | Food — contact surfaces maintained, cleaned, sanilized | ☐ | ☐ | 5 |
| 4300 | Non-food — contact surfaces maintained and clean | ☐ | ☐ | 3 |
| **Physical Facilities** | | | | |
| 4400 | Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains, no cross-connections | ☐ | ☐ | 5 |
| 4500 | Sewage, wastewater properly disposed | ☐ | ☐ | 5 |
| 4600 | Toilet facilities properly constructed, supplied, cleaned | ☐ | ☐ | 3 |
| 4700 | Garbage, refuse properly disposed; facilities maintained | ☐ | ☐ | 3 |
| 4800 | Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment | ☐ | ☐ | 2 |
| 4900 | Adequate ventilation, lighting; designated areas used | ☐ | ☐ | 2 |
| 5000 | Posting of permit; mobile establishment name easily visible | ☐ | ☐ | 2 |

**Service**
- 128 ☒ Scheduled
- 129 ☐ Return
- 126 ☐ Fld Pl Rvw
- 130 ☐ Complaint
- 133 ☐ Illness / Injury
- 134 ☐ Permit Inv.
- 136 ☐ Field Education
- 127 ☐ Pre-Operat.
- 106 ☐ HACCP
- ☐ _____

**Results**
- 01 ☐ Satisfactory
- 02 ☐ Unsatisfactory
- 03 ☒ Complete
- 04 ☐ Incomplete
- ☐ _____

**Action**
- 04 ☐ Suspend
- 07 ☒ Approved
- 10 ☐ Disapproved
- 26 ☐ Follow-up Req'd
- ☐ _____

**Meals Served**
- 6020 ☐ Breakfast
- 6025 ☐ Lunch
- 6030 ☐ Dinner
- 6035 ☐ Cater
- 6040 ☒ Other

**Meal Observed**
- 6045 ☐ Breakfast
- 6050 ☐ Lunch
- 6055 ☐ Dinner
- 6060 ☐ Cater
- 6065 ☒ Other

| | |
|---|---|
| Red Critical Points | 0 |
| Blue Points | 0 |
| **Total Points** | 0 |

Based on an inspection this day, the above items are violations, which must be corrected in the time specified by the health officer. A food establishment permit may be suspended without warning, notice or hearing if the requirements of the food code and/or directives of the health officer are not met or if violations are not corrected in the time stated in this report. The permit will be suspended if an imminent hazard exists or there are 75 or more red critical points or if there are 101 or more total points. The health officer will provide an opportunity for an appeal on the validity of a suspension or the findings of an inspection report if a written request is filed with the health officer within ten (10) days of the suspension or inspection. The filing of an appeal does not stay the effectiveness of a suspension. The completed inspection form is a public document that must be made available to any person who requests it under the provision of the Right to Know Law .

| | | | |
|---|---|---|---|
| Person in Charge (Printed Name) | | (Signature) | Jen L Schwartz |
| Regulatory Authority (Printed Name) | Alicia Schadley | (Signature) | Alicia Schadley |

# CCIS — Sanitation Survey Report

Food Inspection Program



Business Name: Bruster's Real Ice Cream - Mobile

Operator:

Phone: ( )

Address: 500 Gateway Avenue

City: Chambersburg

ZIP: PA 17201

Seat / Checkouts:

General Health Record ID: PR

P/E:

Date: 071809

EHS:

Activity Time: m

Travel Time: m

## TEMPERATURE OBSERVATIONS

| Item / Location | Temp (°F) | Item / Location | Temp (°F) |
|---|---|---|---|
| Freezer | -16° | | |
| Refrig | 34° | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## OBSERVATIONS and CORRECTION ACTIONS

| Item Number | Violations cited in this area must be corrected with the time frame specified. | Points |
|---|---|---|
| | | |

Comments

**Service**
- 128 [X] Scheduled
- 129 [X] Return
- 126 [ ] Fld Pl Rvw
- 130 [ ] Complaint
- 133 [ ] Illness / Injury
- 134 [ ] Permit Inv.
- 136 [ ] Field Education
- 127 [ ] Pre-Operat.
- 106 [ ] HACCP
- [ ] ______

**Results**
- 01 [ ] Satisfactory
- 02 [ ] Unsatisfactory
- 03 [X] Complete
- 04 [X] Incomplete
- [ ] ______

**Action**
- 04 [ ] Suspend
- 07 [X] Approved
- 10 [X] Disapproved
- 26 [ ] Follow-up Req'd
- [ ] ______

**Meals Served**
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Total Points: 0

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Person in Charge (Printed Name): (Signature) Jim B Schmutzler

Regulatory Authority (Printed Name): Alicia Schaley (Signature) Alicia Schaley