

Food Facility Inspection Report

Bucks County Department of Health
Health Building, Neshaminy Manor Center
Doylestown, PA 18901 (215) 345-3318

Total Violations	0	Date of Inspection	11/12/2021
Risk Violations Count	0	Inspection Time	00.6
Arrival Time	09:47	Recommended for License	YES
Travel Time	00.2	Facility Closure	NO

Food Facility	Address	City/State	Zip Code	Telephone
LOWER MAKEFIELD COMMUNITY CENTER	1550 OXFORD VALLEY RD	YARDLEY, PA	19067	(267) 274-1112

Facility ID #	Owner	Purpose of Inspection	License Type	Risk Category
20F055	LOWER MAKEFIELD TOWNSHIP	Initial	Permanent	3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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	Compliance Status	COS	R
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<p style="text-align: center;">Demonstration of Knowledge</p> <p>1 IN Certification by accredited program, compliance with Code, or correct responses</p> <p style="text-align: center;">Employee Health</p> <p>2 IN Management awareness; policy present</p> <p>3 IN Proper use of reporting; restriction & exclusion</p> <p style="text-align: center;">Good Hygienic Practices</p> <p>4 IN Proper eating, tasting, drinking, or tobacco use</p> <p>5 IN No discharge from eyes, nose, and mouth</p> <p style="text-align: center;">Preventing Contamination by Hazards</p> <p>6 IN Hands clean & properly washed</p> <p>7 N/O No bare hand contact with RTE foods or approved alternate method properly followed</p> <p>8 IN Adequate handwashing facilities supplied & accessible</p> <p style="text-align: center;">Approved Source</p> <p>9 IN Food obtained from approved source</p> <p>10 N/O Food received at proper temperature</p> <p>11 IN Food in good condition, safe, & unadulterated</p> <p>12 N/A Required records available: shellstock tags, parasite destruction</p> <p style="text-align: center;">Protection from Contamination</p> <p>13 IN Food separated & protected</p> <p>14 IN Food-contact surfaces: cleaned & sanitized</p> <p>15 IN Proper disposition of returned, previously served, reconditioned, & unsafe food</p>	<p style="text-align: center;">Potentially Hazardous Food Time/Temperature</p> <p>16 N/O Proper cooking time & temperature</p> <p>17 N/O Proper reheating procedures for hot holding</p> <p>18 N/O Proper cooling time & temperature</p> <p>19 N/O Proper hot holding temperature</p> <p>20 IN Proper cold holding temperature</p> <p>21 IN Proper date marking & disposition</p> <p>22 IN Time as a public health control; procedures & record</p> <p style="text-align: center;">Consumer Advisory</p> <p>23 N/A Consumer advisory provided for raw or undercooked foods</p> <p style="text-align: center;">Highly Susceptible Populations</p> <p>24 N/A Pasteurized foods used; prohibited foods not offered</p> <p style="text-align: center;">Chemical</p> <p>25 N/A Food additives: approved & properly used</p> <p>26 IN Toxic substances properly identified, stored & used</p> <p style="text-align: center;">Conformance with Approved Procedure</p> <p>27 N/A Compliance with variance, specialized process, & HACCP plan</p>
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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. * - Critical Item Requiring Immediate Action

GOOD RETAIL PRACTICES

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

Compliance Status	COS	R	Compliance Status	COS	R
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<p style="text-align: center;">Safe Food and Water</p> <p>28 IN Pasteurized eggs used where required</p> <p>29 IN Water & ice from approved source</p> <p>30 IN Variance obtained for specialized processing methods</p> <p style="text-align: center;">Food Temperature Control</p> <p>31 IN Proper cooling methods used; adequate equipment for temperature control</p> <p>32 IN Plant food properly cooked for hot holding</p> <p>33 IN Approved thawing methods used</p> <p>34 IN Thermometer provided & accurate</p> <p>35 IN Food properly labeled; original container</p> <p style="text-align: center;">Prevention of Food Contamination</p> <p>36 IN Insects, rodents & animals not present; no unauthorized persons</p> <p>37 IN Contamination prevented during food preparation, storage & display</p> <p>38 IN Personal cleanliness</p> <p>39 IN Wiping cloths: properly used & stored</p> <p>40 IN Washing fruit & vegetables</p>	<p style="text-align: center;">Proper Use of Utensils</p> <p>41 IN In-use utensils: properly stored</p> <p>42 IN Utensils, equipment & linens: properly stored, dried & handled</p> <p>43 IN Single-use & single-service articles: properly stored & used</p> <p>44 IN Gloves used properly</p> <p style="text-align: center;">Utensils, Equipment and Vending</p> <p>45 IN Food & non-food contact surfaces cleanable, properly designed, constructed, & used</p> <p>46 IN Warewashing facilities: installed, maintained, & used; test strips</p> <p>47 IN Non-food contact surfaces clean</p> <p style="text-align: center;">Physical Facilities</p> <p>48 IN Hot & cold water available; adequate pressure</p> <p>49 IN Plumbing installed; proper backflow devices</p> <p>50 IN Sewage & waste water properly disposed</p> <p>51 IN Toilet facilities: properly constructed, supplied, & cleaned</p> <p>52 IN Garbage & refuse properly disposed; facilities maintained</p> <p>53 IN Physical facilities installed, maintained, & clean</p> <p>54 IN Adequate ventilation & lighting; designated areas used</p>
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Person in Charge (Signature)  **Title** Elizabeth Lawson **Date:** 11/12/2021

Inspector (Signature)  Stephen Bobbs (144) **Date:** 11/12/2021

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Doylestown, PA 18901 (215) 345-3318

Date of Inspection 11/12/2021
 Arrival Time 09:47
 Recommended for License YES
 Facility Closure NO

Facility
 Lower Makefield Community Center

Address
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City/State
 YARDLEY, PA

Zip Code
 19067

Telephone
 (267) 274-1112

Facility ID #
 20F055

Owner
 Lower Makefield Township

Purpose of Inspection
 Initial

License Type
 Permanent

Risk Category
 3

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Ambient/Beverage	Air 2-door refrigerator		39 ° F		

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below.

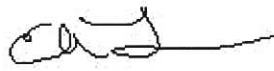
Item
 Number

General Remarks

Facility approved for food license renewal.

BeverageAir 2-door freezer not in use at time of inspection.

Person in Charge (Signature)



Title Elizabeth Lawson

Date: 11/12/2021

Inspector (Signature) Stephen Bobbs (144)



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