Food Facility Inspection Report												
Heal	th Bui	inty Department of Hea Iding, Neshaminy Mano n, PA 18901 (215) 345-3		Total Violations 0 Date of Inspection 0 Risk Violations Count 0 Inspection Time Arrival Time 13:35 Recommended for License Travel Time 00.0 Facility Closure							21	
Food Facility Address LOWER MAKEFIELD POOL SNACK 1050 EDGEWOOD RD BAR					State DLEY, PA			Zip Co 19067		Telephone (215) 868-820	NO B	
Facil	ity ID		Owner	Purp	ose of Ins	speci	tion	Licens	е Туре	Risk Catego	rv	
20440	00		OWER MAKEFIELD TOWNSHIP FOODBORNE ILLNESS RIS	Initial K FAC	TORS AN	ID PI	UBLIC		ERVENTIC			
Com	plianc	e Status	in compliance N/O=not observed N/	A=not a COS		omn	liance	COS=co	orrected on-s	ite during inspection R=repeat viola	tion COS	D
	P		ation of Knowledge	000		omp	liance		Hazardous	Food Time/Temperature	003	K
1	IN		ed program, compliance with Code,		1	16	IN	Proper cooking		more the little and the second of the second		
		or correct responses				17	IN			es for hot holding		
		Emp	loyee Health		1	18	IN	Proper cooling t	37-181 AND	200 20 0		
2	IN	Management awareness			1	19	IN	Proper hot hold	ing tempera	ature		
3	IN	Proper use of reporting;	restriction & exclusion		2	20	IN	Proper cold hole	ding temper	rature		
			gienic Practices		2	21	IN	Proper date ma	rking & disp	osition		
4	IN	Proper eating, tasting, di			2	22	IN	Time as a public	c health cor	itrol; procedures & record		
5	IN	No discharge from eyes,	nose, and mouth						Consum	er Advisory		
		Preventing Con	tamination by Hazards		2	23	N/A	Consumer advis	sory provide	ed for raw or undercooked foods		
6	IN	Hands clean & properly	washed							otible Populations		
7	IN		th RTE foods or approved alternate		2	24	N/A		1	ohibited foods not offered		
	IN.	method properly followed							Ch	emical		
8	IN	W	facilities supplied & accessible		2	25	N/A	Food additives:	approved 8	properly used		
•	IN		oved Source		2	16	IN	Toxic substance	s properly i	dentified, stored & used		
9 10	IN	Food obtained from appr								Approved Procedure		
11	N/O IN	Food received at proper			2	7	N/A	Compliance with	n variance,	specialized process, & HACCP		
12	N/A	Food in good condition, s Required records availab	saie, & unaduiterated le: shellstock tags, parasite					plan		•		
		destruction				Ri	sk fac	tors are improp	er practice	s or procedures identified as t	he	7
13	IN	Protection for Food separated & protection for Food separated food separated for Food separated for Food separated food separated for Food separated food separated food Food separated food separated food separated food Food separated food separated food separated food Food separated food sepa	om Contamination ted			me	ost pro	evalent contribu	ting factor	s of foodborne illness or injury introl measures to prevent food		
14 15	IN	Food-contact surfaces: c Proper disposition of retu				illr	ness o	or injury. * - Critic	cal Item Re	equiring Immediate Action		
		reconditioned, & unsafe f	ood	OOD F	RETAIL PE	3 A C	TICES	:				
		Good Re	tail Practices are preventative measures						physical obj	ects into foods.		
Comp	liance	Status		cos				Status			cos	R
		Safe Fo	ood and Water						Proper Us	e of Utensils		5.00
28	IN Pa	asteurized eggs used where	e required		4	1 I	N In-	use utensils: prop		<i>z -: -::-:::</i>		
29	IN W	ater & ice from approved se	ource		4:					roperly stored, dried & handled		- 1
30	IN Va	riance obtained for special	ized processing methods		4:	3 1				cles: properly stored & used		
		Food Tem	perature Control		44	4 1	N GI	oves used properl	ly			
31	IN Pr	oper cooling methods used	; d; adequate equipment for							ment and Vending		- 1
	te	mperature control			45	5 II	N Fo			es cleanable, properly designed.		
		ant food properly cooked fo	9				cor	nstructed, & used				
					46							
		ermometer provided & acc			47	7 1	N No	n-food contact su				
35	IN Fo	od properly labeled; origina								l Facilities		
			Food Contamination		48			t & cold water ava				
36			ot present; no unauthorized		49			ımbing installed; p				
37		rsons Intamination prevented dur	ing food preparation, storage &		50			wage & waste wa				
3,	CENT	play	ing rood preparation, storage &		51				Aller Carponiphore	cted, supplied, & cleaned		
38	IN Personal cleanliness				52				10 1001 10	osed; facilities maintained		
		ping cloths: properly used	& stored		53		Samona Sec	ysical facilities ins				
		ashing fruit & vegetables			54	1 11	N Ade	equate ventilation	& lighting;	designated areas used		
		DH	O Bout (1).									
			N/A									
erso	n in C	harge (Signature)	N/A	Title	Stephen S	Sicilia	a, CFS	SM		Date: 06/23/2021		
			CATE									
nsper	tor (S	ignature) Stephen Bobl	os (144)							Date: 06/23/2021		
	10	-5 Stophon Bobi	(. <i>i-i</i>)							Date. 00/23/2021		

Food Facility Inspection Report

Bucks County Department of Health Health Building, Neshaminy Manor Center

Date of Inspection Arrival Time 06/23/2021 13:35 YES

Doylestown, PA 18901 (215) 345-3318

Ambient/Walk-In Cooler

City/State

Recommended for License **Facility Closure**

NO

Facility Address
LOWER MAKEFIELD POOL SNACK 1050 EDGEWOOD RD

YARDLEY, PA

Zip Code

Telephone (215) 868-8208

Facility ID # 204400

Purpose of Inspection

Owner

LOWER MAKEFIELD TOWNSHIP

36 ° F

License Type

Risk Category

Seasonal

TEMPERATURE OBSERVATIONS

Item/Location Temp 40 ° F Tuna/Prep unit - top 8°F Ambient/True 2-door freezer Ambient/GE chest freezer 12 ° F

Item/Location Temp Sliced tomatoes /Prep unit - bottom 44 ° F Chicken tenders/Hot-Hold Unit 138 ° F 144 ° F Cheese sauce/Hot-Hold Unit Turkey/Walk-In Cooler 33 ° F

Raw beef hamburger /BeverageAir 2-door refrigerator Ambient/Avantco 2-door lowboy freezer Ambient/Migali 3-door lowboy refrigerator

Item/Location

Ambient/Walk-in freezer

1°F 40 ° F

Temp

43 ° F

Item Number

OBSERVATIONS AND CORRECTIVE ACTIONS Violations cited in this report must be corrected within the time frames below.

General Remarks

DHO DOWN

Person in Charge (Signature)

Title Stephen Sicilia, CFSM

Date: 06/23/2021

Inspector (Signature) Stephen Bobbs (144)

Date: 06/23/2021