Food Establishment Inspection Report

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Food Identification Physical Facilities 37 Food properly labeled; original container 50 Hot and cold water available; adequate pressure		
37 Food properly labeled; original container 50 Hot and cold water available; adequate pressure		
Prevention of Food Contamination 51 Plumbing installed; proper backflow devices		
38 Insects, rodents, and animals not present 39 Contamination prevented during food preparation, storage and display		
40 Personal cleanliness 53 Toilet facilities: properly constructed, supplied, & cleaned		
4 Wining cloths: properly used and stored 54 Garbage & refuse properly disposed; facilities maintained		
42 Washing fruits and vegetables 55 Physical facilities installed, maintained, and clean		
56 Adequate ventilation and lighting; designated areas used Employee Training		
57 All food employees have food handler training		
58 Allergen training as required		

Food Establishment Inspection Report

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Establishment: New Holland- Middletown Es				stablishment	#: 314		
Water Sup	ply: 🛛 Public 🗌 Pri	vate Was	ste Water System: 🔀 Public 🗌 Pr	ivate			
Sanitizer Type: Chlorine PPM: 100				Heat:			
			TEMPERATURE OBSERVAT	IONS			
Item/Location		Temp	Item/Location	Temp	Item/Location	Temp	
All Temps in °F							
Milk in cooler in back of			Broccoli being received from	135			
Kitchen		39	main kitchen				
Bagels in fridge at back of			tater tots cooking in oven in	140			
kitchen in storage area		40	kitchen				
Condiments in fridge in back							
of kite	chen in storage area	38					
		(OBSERVATIONS AND CORRECTIV	'E ACTIONS			
ltem Number	Violations cited in this report must be corrected within the time frames below.						
			No Violations noted durin	gincrostion			
				ginspection			
CFPM Ver	ification (name, expirat	ion date, ID#)	:				
Linda Harnacke 107795							
	Exp: 7/16/24	rocoduros fo	r receiving food at proper temperat	uro			
HACCP 10	pic. Discussed proper p	i ocedures foi	receiving rood at proper temperat	ure			
Ž	inda Harrack	وع	Mar 9, 2022				

Person in Charge (Signature)

Date

n Ber

Follow-up: Yes X No (Check one)

Follow-up Date: N/A