



Date of Inspection: 6/26/15

Facility Name: Camp Timberwolf Phone Number \_\_\_\_\_ PR ID # 95  
 Facility Site Address: Lower Bucks Lake City: Bucks Lake Zip \_\_\_\_\_  
 Permit #: 15-135927 Exp Date: 5/1/16 Permit Holder: Camp Timberwolf Imp. Comm. Type of Inspection: Routine

See reverse side for the code sections and general requirements that correspond to each violation listed below

In = In compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site MAJ = Major violation OUT = Out of Compliance

**Facility Inspection Only**

In	N/O-N/A	COS	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>				
<input checked="" type="checkbox"/>				
1. Demonstration of knowledge: food safety certification				
Food Safety Cert Name: _____ Exp. Date _____				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/>				
2. Communicable disease; reporting, restrictions & exclusions				
<input checked="" type="checkbox"/>				
3. No discharge from eyes, nose, and mouth				
<input checked="" type="checkbox"/>				
4. Proper eating, tasting, drinking or tobacco use				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/>				
5. Hands clean and properly washed; gloves used properly				
<input checked="" type="checkbox"/>				
6. Adequate handwashing facilities supplied & accessible				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/>				
7. Proper hot and cold holding temperatures				
<input checked="" type="checkbox"/>				
8. Time as a public health control; procedures & records				
<input checked="" type="checkbox"/>				
9. Proper cooling methods				
<input checked="" type="checkbox"/>				
10. Proper cooking time & temperatures				
<input checked="" type="checkbox"/>				
11. Proper reheating procedures for hot holding				
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/>				
12. Returned and re-service of food				
<input checked="" type="checkbox"/>				
13. Food in good condition, safe and unadulterated				
<input checked="" type="checkbox"/>				
14. Food contact surfaces: clean and sanitized				

  

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
<input checked="" type="checkbox"/>				
15. Food obtained from approved source				
<input checked="" type="checkbox"/>				
16. Compliance with shell stock tags, condition, display				
<input checked="" type="checkbox"/>				
17. Compliance with Gulf Oyster Regulations				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/>				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
<b>CONSUMER ADVISORY</b>				
<input checked="" type="checkbox"/>				
19. Consumer advisory provided for raw or undercooked foods				
<b>Highly Susceptible Populations</b>				
<input checked="" type="checkbox"/>				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
<b>WATER/HOT WATER</b>				
<input checked="" type="checkbox"/>				
21. Hot and cold water available Temp _____				
<b>LIQUID WASTE DISPOSAL</b>				
<input checked="" type="checkbox"/>				
22. Sewage and wastewater properly disposed				
<b>VERMIN</b>				
<input checked="" type="checkbox"/>				
23. No rodents, insects, birds, or animals				

In	N/O-N/A	COS	MAJ	OUT
<b>SUPERVISION</b>				
<input checked="" type="checkbox"/>				
24. Person in charge present and performs duties				
<b>PERSONAL CLEANLINESS</b>				
<input checked="" type="checkbox"/>				
25. Personal cleanliness and hair restraints				
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>				
<input checked="" type="checkbox"/>				
26. Approved thawing methods used, frozen food				
<input checked="" type="checkbox"/>				
27. Food separated and protected				
<input checked="" type="checkbox"/>				
28. Washing fruits and vegetables				
<input checked="" type="checkbox"/>				
29. Toxic substances properly identified, stored, used				
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>				
<input checked="" type="checkbox"/>				
30. Food storage; food storage containers identified				
<input checked="" type="checkbox"/>				
31. Consumer self-service				
<input checked="" type="checkbox"/>				
32. Food properly labeled & honestly presented				
<b>EQUIPMENT/ UTENSILS/ LINENS</b>				
<input checked="" type="checkbox"/>				
33. Nonfood contact surfaces clean				
<input checked="" type="checkbox"/>				
34. Warewashing facilities: installed, maintained, used; test strips				
<input checked="" type="checkbox"/>				
35. Equipment/ Utensils approved; installed; clean; good repair; capacity				
<input checked="" type="checkbox"/>				
36. Equipment, utensils and linens: storage and use				
<input checked="" type="checkbox"/>				
37. Vending machines				
<input checked="" type="checkbox"/>				
38. Adequate ventilation and lighting; designated areas, use				
<input checked="" type="checkbox"/>				
39. Thermometers provided and accurate				
<input checked="" type="checkbox"/>				
40. Wiping cloths: properly used and stored				
<b>PHYSICAL FACILITIES</b>				
<input checked="" type="checkbox"/>				
41. Plumbing: proper backflow devices				
<input checked="" type="checkbox"/>				
42. Garbage and refuse properly disposed; facilities maintained				
<input checked="" type="checkbox"/>				
43. Toilet facilities: properly constructed, supplied, cleaned				
<input checked="" type="checkbox"/>				
44. Premises: personal/cleaning items: vermin-proofing				
<b>PERMANENT FOOD FACILITIES</b>				
<input checked="" type="checkbox"/>				
45. Floor, walls and ceilings: built, maintained, and clean				
<input checked="" type="checkbox"/>				
46. No unapproved private homes/ living or sleeping quarters				
<b>SIGNS/ REQUIREMENTS</b>				
<input checked="" type="checkbox"/>				
47. Signs posted; last inspection report available				
<b>COMPLIANCE &amp; ENFORCEMENT</b>				
<input checked="" type="checkbox"/>				
48. Plan Review				
<input checked="" type="checkbox"/>				
49. Permits Available				
<input checked="" type="checkbox"/>				
50. Impoundment				
<input checked="" type="checkbox"/>				
51. Permit Suspension				

Received by (Print) Inspection Report Mailed Title \_\_\_\_\_  
 Received by (Signature) \_\_\_\_\_  
 Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine