



Date of Inspection: 7/17/12

Facility Name: Camp Timberwolf Phone Number _____ PR ID # 597
 Facility Site Address: Lower Bucks Lake City: Bucks Lake Zip _____
 Permit #: 11-597 Exp Date: 5/1/12 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

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

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
✓				
15. Food obtained from approved source				
	✓			
16. Compliance with shell stock tags, condition, display				
	✓			
17. Compliance with Gulf Oyster Regulations				
CONFORMANCE WITH APPROVED PROCEDURES				
	✓			
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
CONSUMER ADVISORY				
	✓			
19. Consumer advisory provided for raw or undercooked foods				
Highly Susceptible Populations				
	✓			
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
WATER/HOT WATER				
✓				
21. Hot and cold water available				
Temp <u>117°F</u>				
LIQUID WASTE DISPOSAL				
✓				
22. Sewage and wastewater properly disposed				
VERMIN				
✓				
23. No rodents, insects, birds, or animals				

SUPERVISION		OUT
24. Person in charge present and performs duties		
PERSONAL CLEANLINESS		
25. Personal cleanliness and hair restraints		
GENERAL FOOD SAFETY REQUIREMENTS		
26. Approved thawing methods used, frozen food		
27. Food separated and protected		
28. Washing fruits and vegetables		
29. Toxic substances properly identified, stored, used		
FOOD STORAGE/ DISPLAY/ SERVICE		
30. Food storage; food storage containers identified		
31. Consumer self-service		
32. Food properly labeled & honestly presented		
EQUIPMENT/ UTENSILS/ LINENS		
33. Nonfood contact surfaces clean		
34. Warewashing facilities; installed, maintained, used; test strips		
35. Equipment/ Utensils approved; installed; clean; good repair; capacity		✓
36. Equipment, utensils and linens: storage and use		
37. Vending machines		
38. Adequate ventilation and lighting; designated areas, use		

PHYSICAL FACILITIES		OUT
39. Thermometers provided and accurate		
40. Wiping cloths: properly used and stored		
PERMANENT FOOD FACILITIES		
41. Plumbing: proper backflow devices		
42. Garbage and refuse properly disposed; facilities maintained		
43. Toilet facilities: properly constructed, supplied, cleaned		
44. Premises; personal/cleaning items; vermin-proofing		✓
SIGNS/ REQUIREMENTS		
45. Floor, walls and ceilings: built, maintained, and clean		✓
46. No unapproved private homes/ living or sleeping quarters		
COMPLIANCE & ENFORCEMENT		
47. Signs posted; last inspection report available		
48. Plan Review		
49. Permits Available		✓
50. Impoundment		
51. Permit Suspension		

Received by (Print) _____ Title _____

Received by (Signature) Report mailed

Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine

OBSERVATIONS AND CORRECTIVE ACTIONS

Inspection of facility only. Camp groups provide own food and cook staff.

(35) Thoroughly clean hood to remove grease and residue.

(49) Some evidence of rodent activity noted. Seal all openings in kitchen and storage areas that may provide entrance.

(43) Thoroughly clean floors under equipment and at floor/wall juncture to remove accumulated residue and help with rodent control.

(49) Renew health permit.

Received by (Print)	Title
Received by (Signature) <u>Report mailed.</u>	
Specialist (Print) <u>Deborah Anderson</u>	Specialist (Signature) <u>Deborah Anderson</u>
	Re-inspection Date: <u>Routine</u>