

All egheny County Heal th Department Food Safety Program Food Safety A

2121 Nobl estown Rd, Suite #210, Pittsburgh, PA 15205 Phone: 412-578-8044 Fax: 412-578-8190

Food Safety Assessment Report

| Client ID: | 201506220003 | Client Nam | e: Wylie To | bacco | C | | | | | | |
|--|---|--------------------------|-------------|------------|-------|-------------------|----------|----------|---------------|----------------|------|
| Address: | 2152 Wylie Avenue | | | | | li li | nspec | tion D | ate: | 12/06/2 | 2017 |
| City: | Pittsburgh | State: PA Zip: 15219 | | 9 | | Purpose: | | | | Administrative | |
| Municipality: | Pittsburgh-105 | Inspector: Angel, Costis | | stis | | Permit Exp. Date: | | | Date: | 06/30/2018 | |
| Category Code | : 113-Retail/Convenience Sto | ore | | | | F | Priority | y Cod | e: | 1 | |
| Re-Inspection | Pending - Inspector | Re- Inspec | tion Date: | | | C | Class: | | | | |
| Food Safety As | sessment Categories | | | | Asses | smen | t Stati | JS | Viol | ation R | isk |
| | - | | | | S | NO | NA | V | High | Med. | Low |
| 1 Food Sour | rea/Condition | | | • | | | | v | | | |
| 1 Food Source/Condition 2 Cooking Temperatures # | | | | | | | | X | X | | |
| | - | | | | | | | | | | |
| | Temperatures # | | | | | | | | | | |
| | - | | | | | | | | | | |
| U | | | | | | | | | | | |
| | 6 Hot Holding Temperatures # 7 Cold Holding Temperatures # | | | | | | | | | | |
| | a 1 | | | | _ | | | | | | |
| | 8 Facilities to Maintain Temperature | | | | - | | | | | | |
| | 9 Date Marking of Food | | | | | | | | | | |
| | | | | | | | | | | | |
| | 11 Cross-Contamination Prevention # | | | | | | | | | | |
| | 2 Employee Health # | | | | | | | | | | |
| 13 Employee Personal Hygiene # | | | | | | | | | | | |
| | and Sanitization # | | | | _ | | | | | | |
| 15 Water Sur | | | | | | | | | | | |
| | 16 Waste Water Disposal | | | | _ | | | | | | |
| - | 17 Plumbing | | | | | | | | | | |
| | 18 Handwashing Facilities | | | | | | | | | | |
| | 19 Pest Management # | | | | | | | X | X | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | 22 Demonstration of Knowledge | | | | | | | | | | |
| 23 Contamination Prevention - Food, Utensils and Equipment | | | | | | | | | | | |
| | 24 Fabrication, Design, Installation and Maintenance | | | | | | | | | | |
| 25 Toilet Roo | m | | | | | | | X | | | X |
| | | | | 0 | 0 | 0 | 0 | 3 | 2 | 0 | 1 |
| General Sanita | ition | | | - | Asses | | | | | ation R | isk |
| | | | | | S | NO | NA | V | High | Med. | Low |
| 26 Garbage a | and Refuse | | | † · | | | | | | | |
| 27 Floors | | | | | | | | | | | |
| 28 Walls and | ceilings | | | | | | | | | | |
| 29 Lighting | | | | | | | | | | | |
| 30 Ventilation | 1 | | | | | | | | | | |
| | rooms and Locker rooms | | | | | | | | | | |
| | 32 General Premises | | | | | | | | | | |
| 33 Administra | | | | | | | | | | | |
| | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | _ v | Asses | | - | - | - | ation R | - |
| | | | | | S | NO | NA | V | | Med. | Low |
| 1 | | | | | | | | | 1 · · · J · · | | |



| 1 Indoor Occupancy 25% or 50% with proof of satisfying PA Self-ce | | | | | | | | |] |
|---|---|---|---|---|---|---|---|---|---|
| 1 Indoor occupancy (25%) # | | | | | | | | | |
| 2 Table Service Only and Tables 6-Feet Apart # | | | | | | | | | |
| 3 Closed bar seating # | | | | | | | | | |
| 4 Face coverings Worn by staff # | | | | | | | | | |
| 5 Table service only # | | | | | | | | | |
| 6 Zero tobacco usage # | | | | | | | | | |
| 7 Closed by 11:00 pm # | | | | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| # U.S. Centers for Disease Control and Prevention "high risk" for | 0 | 0 | 0 | 0 | 3 | | | | |
| | | | | | | | | | |

foodborne illness and establishment of priority of inspection

- Diamond Exceptional
- S Satisfactory NO Not Observed NA Not Applicable V- Violation

| | | Inspection | Detail s | | | | | | |
|---|---|---|-----------------|-------------------------------------|--|--|--|--|--|
| Inspector Name | Angel , Costis | | Balance Amount: | \$159.90 | | | | | |
| Placarding: | Consumer Alert | | Contact: | | | | | | |
| Start Time: | 01:50:00 AM | End Time: 02:45:00 PM | Phone: | (412) 391-9400 | | | | | |
| Violation: | | d Source/Condition | | | | | | | |
| Comments: | | *HIGH RISK*** | | | | | | | |
| | | Cheese curls pop corn and potato chips, found with gnaw marks. | | | | | | | |
| About 80 prepackaged snacks, found stored/ resting on mouse droppings. | | | | | | | | | |
| | Food, an | d cardboard discarded during | inspection. | | | | | | |
| Food Code Sec | | | | | | | | | |
| Corrective Action | on: Discard/re | Discard/remove food that is not in sound condition or not from an approved source. | | | | | | | |
| | | | | | | | | | |
| Violation: | | 19 Pest Management | | | | | | | |
| Comments: | | *HIGH RISK*** | | | | | | | |
| | | Two live, and one dead mouse found on glue boards under the snack display. *HIGH RISK*** | | | | | | | |
| | | | | | | | | | |
| Too many to count fresh droppings on the snack displays, and on the dry food storage sh | | | | d on the dry food storage shelving. | | | | | |
| | Old dropp | Old droppings on the floor(s) under the snack display. | | | | | | | |
| | | | ondok diopidy. | | | | | | |
| Food Code Sec | tion(s): 319 ; 321 | | | | | | | | |
| Corrective Action | orrective Action: Eliminate pests by approved methods | | | | | | | | |
| Corrective Action: Eliminate harborage area, food sources, and entry sites | | | | | | | | | |
| Corrective Actie | on: Clean and | maintain | | | | | | | |
| Corrective Actie | rective Action: Remove rodent droppings | | | | | | | | |
| Corrective Actie | on: Obtain pro | ofessional pest control service | es. | | | | | | |
| | Eliminate | the gap under the green side | door. | | | | | | |
| | | - | | | | | | | |



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| Violation: | 25 Toilet Room | | |
|---|-----------------------------------|--|--|
| Comments: | *LOW RISK* | | |
| Food Code Section(s): | Toilet fixture dirty. 316 | | |
| Corrective Action: | Clean and maintain in good repair | | |
| Corrective Action: Repair / Replace | | | |
| Other Assesment observations and comments: Exceptional Observations: | | | |