

## All egheny County Heal th Department

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

## Food Safety Assessment

Report

Client ID:	202306260007	<b>Client Nam</b>	e: Fast Eddi	ie Ca	tering						
Address:	Crawford					1	nspec	tion <b>D</b>	ate:	06/25/2	2023
City:	Pittsburgh	State: PA	Zip: 1521	9		F	Purpose:			Service Reque	
Municipality:					F	Permit Exp. Date:					
<b>Category Code</b>	: 999-No Category	-				F	Priorit	y Cod	e:	1	
Re- Inspection	on: Pending - Supervisor Re- Inspection Date: Class:								4		
Food Safety Assessment Categories				Assessment Status Vio			Viol	lation Risk			
					S	NO	NA	V	High	Med.	Low
1 Food Sou	rea/Condition				-						
1 Food Source/Condition 2 Cooking Temperatures #					-			X	X		
3 Consumer Advisory										┟───┦	
	Temperatures #				÷						
5 Cooling F					-						
					-						
6 Hot Holding Temperatures # 7 Cold Holding Temperatures #					-						
	<u> </u>				-					┟───┦	
8 Facilities to Maintain Temperature 9 Date Marking of Food					-						
	be Thermometers				÷						
	ntamination Prevention #				-						
12 Employee											
	Personal Hygiene #				-						
	and Sanitization #								-		
<b>_</b>											
					-						
16 Waste Water Disposal 17 Plumbing					-						
				-							
					-			X		X	
	•				-						
20 Toxic Items 21 Certified Food Protection Manager					-						
					-						
<ul><li>22 Demonstration of Knowledge</li><li>23 Contamination Prevention - Food, Utensils and Equipment</li></ul>					-						
	n, Design, Installation and Main		nent		-						
24 Fabricatio 25 Toilet Roc		literiarice			-						
25 TOllet Roc				0	0	0	•	2	1	1	0
General Sanita	tion			U	Asses		0 t Statu			ation R	-
					S	NO	NA	V		Med.	Low
				_ 🛡 .				v	Ingn	weu.	LOW
	and Refuse										
27 Floors											
28 Walls and	l ceilings										
29 Lighting											
30 Ventilation											
	rooms and Locker rooms										
32 General P											
33 Administra	ative							X			
				0	0	0	0	1	0	0	0
# U.S. Centers	for Disease Control and Preve	ention "high r	isk" for	0	0	0	0	3			

foodborne illness and establishment of priority of inspection

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



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		Inspection [	Detail s					
Inspector Name: 10744	41		Balance Amount:	\$0.00				
	ed To Close		Contact:					
Start Time: 12:00	:00 AM	End Time: 12:25:00 AM	Phone:	-				
Violation:	1 Food Source/Condition							
Comments:	*HIGH RISK*** Food items are offered to consumers from an unknown source. Food prepared in an unpermitted							
	kitchen.							
Food Code Section(s):	,							
<b>Corrective Action:</b> Discard/remove food that is not in sound condition or not from an approved source.								
Corrective Action: Provide food from approved source								
Violation:								
Comments: *MEDIUM RISK**								
No hand washing sink or temporary hand washing station is available while preparing food items. <b>Food Code Section(s):</b> 323								
Corrective Action: Properly install and locate hand washing sinks								
Corrective Action: Keep hand washing sink open and accessible								
Corrective Action:	Provide soa	Provide soap and sanitary towels or hand drying device near sink						
Violation:		<u>nistrative</u>						
Comments:	nments: Operating a Temporary Food Facility without a valid food permit issued by the Allegheny County Health Department							
Food Code Section(s):								
Corrective Action:	Obtain a valid Allegheny County Health Department permit from the Food Safety Program.							
Corrective Action:	Submit cor	d specifications to the Food	d Safety Program.					
Corrective Action:	temporary event.							
Other Assesment observations and comments: Exceptional Observations:								