Retail Food Report

Facility: TIFFIN IRON TAP **Facility ID:** 311
Owner: ANKITA RANI
Street: 607 E Marengo RD
City/State: Tiffin, Iowa
Zip: 52340 **County:** Johnson
Phone: (516) 710-2324
Organization: Johnson County Public Health
855 S Dubuque Street, Suite 113, Iowa City, IA, 52240

Program: 15532 - Food Service Establishment License
Insp. ID: 105590
Insp. Start Date: 11/4/2026 1:18 PM CST
Insp. End Date: 11/4/2026 1:22 PM CST
Insp. Reason: Follow Up

FOODBORNE ILLNESS RISK FACTORS

IN = In compliance, OUT = Not in compliance, N/O = Not observed, N/A = Not applicable, (*) = Critical, COS = Corrected On Site

Number	Line Item	Response	Number	Line Item	Response
1	Person in charge present, demonstrates knowledge, and performs duties	N/O	16	Food contact surfaces: cleaned and sanitized	IN
2	Certified Food Protection Manager	N/O	17	Proper disposition of returned, previously served, reconditioned, and unsafe food	N/O
3	Management, food employee and conditional employee knowledge, responsibilities and reporting	IN	18	Proper cooking time and temperatures	N/O
4	Proper use of exclusions and restrictions	N/O	19	Proper reheating procedures of hot holding	N/O
5	Procedures for responding to vomiting and diarrheal events	IN	20	Proper cooling time and temperatures	N/O
6	Proper eating, tasting, drinking, or tobacco use	N/O	21	Proper hot holding temperatures	N/O
7	No discharge from eyes, nose, and mouth	N/O	22	Proper cold holding temperatures	N/O
8	Hands clean and properly washed	N/O	23	Proper date marking and disposition	IN
9	No bare hand contact with ready to eat foods	N/O	24	Time as a public health control: procedures and records	N/O
10	Hand washing sinks properly supplied and accessible	IN	25	Consumer advisory provided for raw or undercooked foods	IN
11	Foods obtained from an approved source	N/O	26	Pasteurized foods used; prohibited foods not offered	N/O
12	Foods received at proper temperatures	N/O	27	Food additives: approved, properly stored, and used	N/O
13	Food in good condition, safe, and unadulterated	N/O	28	Toxic substances properly identified, stored and used	IN
14	Required records available; shellstock tags, parasite destruction	N/O	29	Compliance with variance, specialized process, reduced oxygen packaging criteria, and HACCP plan	N/O
15	Food separated and protected (Cross Contamination and Environmental)	IN			

GOOD RETAIL PRACTICES

Number	Line Item	Response
30	Pasteurized eggs used where required	N/O
31	Water and ice from approved source	N/O
32	Variance obtained for specialized processing methods	N/O
33	Proper cooling methods used; adequate equipment for temperature control	N/O
34	Plant food properly cooked for hot holding	N/O
35	Approved thawing methods	N/O
36	Thermometers provided and accurate	N/O
37	Food properly labeled; original container	N/O
38	Insects, rodents, and animals not present/outer openings protected	N/O
39	Contamination prevented during food preparation, storage and display	N/O
40	Personal cleanliness	N/O
41	Wiping cloths: properly used and stored	N/O
42	Washing fruits and vegetables	N/O
43	In use utensils: properly stored	N/O
44	Utensils, equipment, and linens: properly stored dried and handled	N/O
45	Single-use/single service articles: properly stored and used	N/O
46	Slash-resistant and cloth glove use	N/O
47	Food and non-food contact surfaces are cleanable, properly designed, constructed, and used	N/O
48	Warewashing facilities: installed, maintained, and used; test strips	N/O
49	Non-food contact surfaces clean	N/O
50	Hot and Cold water available; adequate pressure	N/O
51	Plumbing installed; proper backflow devices	N/O
52	Sewage and waste water properly disposed	N/O
53	Toilet facilities; properly constructed, supplied, and cleaned	N/O
54	Garbage and refuse properly disposed; facilities maintained	N/O
55	Physical facilities installed, maintained, and clean	N/O
56	Adequate ventilation and lighting; designated areas used	N/O
57	Licensing; posting licenses and reports; smoking	N/O

OBSERVATIONS AND CORRECTIVE ACTIONS

No comments exist for this report

PUBLISHED COMMENTS

Response to Letter of Correction has been received and is attached to this report.

#3. All employees have read and signed the establishment’s health reporting agreement.

SIGNATURE PAGE

Name	Title	Signature	Date
Laura Schutte	Environmental Health Specialist		11/4/2026

Person In Charge Declined to Sign