Radnor Township

301 IVEN AVENUE WAYNE, PA 19087 610-688-5600

Retail Food Facility Inspection Report

Facility: CRU5H AT CABRINI UNIVERSITY Facility ID: 140762
Owner: SODEXO
Address: 610 King of Prussia RD
City/State: Wayne PA
Zip: 19087 County: Delaware Region: Region 7
Phone:

Insp. ID: 757586 Insp. Date: 9/4/2019 Insp. Reason: Opening No. of Risk Factors: 0 No. of Repeat Risk Factors: 0

| FOODBORNE ILLNESS RISK Risk Factors are important practices and procedures in | identified | as the most | prevalent cont | ributing factors of foodborn | | | | |
|--|--|--|--|--|--|--|--|--|
| Public Health Intervention are | | | | | | | | |
| IN = In Compliance, OUT = Out of Compliance, N/O = No | ot Obse | rved, N/A = | Not Applicat | ole, C = Corrected On S | Site, R = Repeat Vi | olation | | |
| Supervision | | | | Protection From Cont | tamination | | | |
| Person in charge present, demonstrates knowledge, & | In | 14. | Food separat | ed & protected | | N/A | | |
| performs duties | | 15. | Food-contact | surfaces: cleaned & saniti | zed | l In | | |
| Employee Health | | 16. | Proper dispos | sition of returned, previous | ly served, | l in | | |
| Management, food employee & conditional food employee | ln | *************************************** | reconditioned | l, & unsafe food | | | | |
| knowledge, responsibilities & reporting | | | Time/Temperature Control for Safety | | | | | |
| Proper use of restriction & exclusion | ln | 17. | Proper cookir | ng time & temperatures | | N/A | | |
| Procedure for responding to vomiting & diarrheal events | In | 18. | Proper rehea | ting procedures for hot hol | ding | N/A | | |
| Good Hygienic Practices | | 19. | Proper coolin | g time & temperatures | | N/A | | |
| Proper eating, tasting, drinking, or tobacco use | N/O | 20. | Proper hot ho | olding temperatures | | N/A | | |
| 6. No discharge from eyes, nose, & mouth | N/O | 21. | Proper cold h | olding temperatures | | In | | |
| Preventing Contamination by Hands | | 22. | Proper date r | narking & disposition | | N/A | | |
| 7. Hands clean & properly washed | N/O | 23. | Time as a pu | blic health control: procedu | ures & records | N/A | | |
| No bare hand contact with RTE food or a pre-approved | N/A | TOTAL PRODUCT | | Consumer Advi | isorv | agalag ang a ranca ana ar | | |
| alternate method properly followed | IN/A | 24. | Consumer ac | lvisory provided for raw / u | | N/A | | |
| Adequate handwashing sinks properly supplied & accessible | ln | - 1 | | | bandralen skierna most beskilten en er mengenellen senskiltere se | | | |
| Approved Source | pa grajuga minintaka kata pinginga jarawana | ACT OF STREET | Highly Susceptible Population 25. Pasteurized foods used; prohibited foods not offered | | | | | |
| 10. Food obtained from approved source | In | 25. | | | | N/A | | |
| 11. Food received at proper temperature | N/A | | ALTER STREET, MARKETTER STREET, STREET | ood/Color Additives & To | | acyonareor-namear. | | |
| 12. Food in good condition, safe, & unadulterated | In | 26. | Food additive | s: approved & properly us | ed | N/A | | |
| 13. Required records available: shellstock tags, parasite | N/A | 27. | | nces properly identified, sto | ored & used; held for | In | | |
| | 14/7 | l | retail sale, pr | oberiv storea | | | | |
| destruction | 19/7 | 00 | retail sale, pr | | od Procedures | | | |
| | 14/7 | | C | onformance with Approv | | | | |
| destruction | OOD RE | TAIL PRAC | C Compliance v oxygen packs | onformance with Approv with variance, specialized p aging criteria or HACCP pla | orocess, reduced an | N/A | | |
| destruction GO Good Retail Practices are preventative measures to | OOD RE | TAIL PRAC | C Compliance v oxygen packs | onformance with Approv with variance, specialized p aging criteria or HACCP plants hemicals, and physical obj | process, reduced an jects into foods. | N/A | | |
| destruction GO Good Retail Practices are preventative measures to Safe Food & Water | OOD RE | TAIL PRACE | Compliance voxygen packer CTICES of pathogens, co | onformance with Approv with variance, specialized p aging criteria or HACCP pl hemicals, and physical ob Proper Use of Ut | process, reduced an jects into foods. | | | |
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Radnor Township

301 IVEN AVENUE WAYNE, PA 19087 610-688-5600

Retail Food Facility Inspection Report

Facility: CRU5H AT CABRINI UNIVERSITY Facility ID: 140762
Owner: SODEXO
Address: 610 King of Prussia RD
City/State: Wayne PA
Zip: 19087 County: Delaware Region: Region 7
Phone:

Insp. ID: 757586 Insp. Date: 9/4/2019 Insp. Reason: Opening
No. of Risk Factors: 0
No. of Repeat Risk Factors: 0
Overall Compliance: IN

| TEMPERATURE OBSERVATIONS | | | | | | | | | | | | |
|--------------------------|----------------|------|-------|--------------|------|------|----------|------|--|--|--|--|
| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp | | | | |
| Other | Cold-Hold Unit | 39°F | Other | Refrigerator | 37°F | | | ٥ | | | | |

PUBLISHED COMMENTS

Today's inspection was an opening inspection. No food or food prep on site therefore, no temperatures were taken at this time. All equipment turned on and functioning properly.

Prior to serving the public, clean and sanitize all areas due to construction dust residual on surfaces. Label all hand wash sinks.

As of this inspection, facility permitted to operate.

- Post in public view:
 1. Inspection Report
 2. Food License
 3. Food Safety Manager Certificate.

The compliance status of this facility and a copy of this inspection report will be posted on the PA Department of Agriculture website.