



# FOOD ESTABLISHMENT INSPECTION REPORT

RADNOR TOWNSHIP  
301 Iven Avenue - Wayne, PA 19087  
Phone (610) 688-5600

## FOOD ESTABLISHMENT INFORMATION

|                        |                           |                      |                 |                                       |
|------------------------|---------------------------|----------------------|-----------------|---------------------------------------|
| <u>FE NAME</u>         |                           |                      |                 | <u>LICENSE</u>                        |
| GRYPHON COFFEE COMPANY |                           |                      |                 | FE00000747                            |
| <u>ADDRESS</u>         |                           |                      |                 | <u>INSP. TYPE</u> <u>INSP. NUMBER</u> |
| 105 W LANCASTER        | AVE WAYNE                 | PA 19087-            | FEI             | 6320                                  |
| <u>MANAGER NAME</u>    | <u>INSP. DATE</u>         | <u>TIME IN</u>       | <u>TIME OUT</u> | <u>PURPOSE</u>                        |
| LAURA CZARNECKI        | 10/20/2015                | 8:00 AM              |                 | FOLLOW-UP                             |
|                        | <u>OVERALL COMPLIANCE</u> | <u>RISK CATEGORY</u> |                 |                                       |

## OBSERVATIONS AND CORRECTIVE ACTIONS

VIOLATIONS CITED IN THIS REPORT MUST BE CORRECTED WITHIN THE TIME FRAMES BELOW.

COMPLIANCE STATUS: OUT = not in compliance, N/O = not observed, N/A = not applicable, C = corrected on site, R = repeated

|             |                          |                          |
|-------------|--------------------------|--------------------------|
| <u>COMP</u> | <u>VIOLATION OF CODE</u> | <u>NEW/OLD VIOLATION</u> |
| <u>STAT</u> | <u>COMMENTS</u>          | <u>CORRECT BY DATE</u>   |

### 3. MANAGEMENT AND FOOD EMPLOYEE KNOWLEDGE, AND CONDITIONAL EMPLOYEE; RESPONSIBILITIES AND REPORTING

OUT 3. MANAGEMENT AND FOOD EMPLOYEE KNOWLEDGE, AND CONDITIONAL EMPLOYEE; RESPONSIBILITIES AND REPORTING  
POST WITH FOOD LICENSE THE CERTIFIED FOOD MANAGER CERTIFICATE AND INSPECTION REPORT

### 10. ADEQUATE HANDWASHING SINKS, PROPERLY SUPPLIED AND ACCESSIBLE

OUT 10. 46-5-205.11 Using a Handwashing Sink-Operation and Maintenance (Pf)  
REPAIR/REPLACE THE LOOSE HANDLES ON THE HAND WASH SINK

### 53. TOILET FACILITIES: PROPERLY CONSTRUCTED, SUPPLIED, CLEAN

OUT 53. 46-5-203.12 Toilets and Urinals (C)  
MAKE THE NECESSARY REPAIRS TO PLACE THE 2ND FLOOR BATHROOM BACK IN SERVICE

### 55. PHYSICAL FACILITIES INSTALLED, MAINTAINED, AND CLEAN

COS 55. 46-6-201.11 Floors, Walls and Ceilings-Cleanability (C)  
THE FLOORS AND SHELVING WERE BEING CLEANED WHEN HEALTH OFFICER ARRIVED

OUT 55. 46-6-101.11 Surface Characteristics-Indoor Areas (C)  
PATCH/PAINT THE HOLE ROTTING ALONG THE WALL BEHIND THE HANDWASH SINK AND PAINT THE WALL/CEILING ABOVE THE STAIRS.

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| COLD / HOT HOLDING AND TEMPERATURES |             | WAREWASHING FACILITIES |                  |            |
|-------------------------------------|-------------|------------------------|------------------|------------|
| <u>HOLDING LOCATION</u>             | <u>TEMP</u> | <u>TYPE</u>            | <u>SANITIZER</u> | <u>PPM</u> |
| SANDWICH MAKER                      | 38.00       | DISHWASHER             | N/O              | 0          |

## REMARKS

THIS IS A FOLLOWUP INSPECTION FROM 09/16/15. THERE ARE STILL OUTSTANDING VIOLATIONS THAT MUST BE CORRECTED WITHIN 72 HOURS TO AVOID MORE STRINGENT PENALTIES OR DISRUPTION IN SERVICE. OPERATOR MUST POST THE INSPECTION REPORT, AND CERTIFIED FOOD MANAGERS CERTIFICATION IN PLAIN VIEW. THIS IS A SUMMARY REPORT WITH THE SIGNED HAND WRITTEN REPORT KEPT ON FILE IN THE RADNOR TOWNSHIP BUILDING.

## SIGNATURES

Person in Charge (Signature): \_\_\_\_\_

Inspector (Signature): \_\_\_\_\_

  
Larry Taltoan