

# FOOD ESTABLISHMENT INSPECTION REPORT

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

# FOOD ESTABLISHMENT INFORMATION

FE NAME

**AUTOGRAPH BRASSERIE** 

**ADDRESS** 

503 W LANCASTER AV

MANAGER NAME

RALPH FERNANDEZ

PA 19087

LICENSE

FE00001313

INSP. TYPE INSP. NUMBER

FEI

6464

WAYNE

INSP. DATE

TIME IN TIME OUT

**PURPOSE** 

FINAL PRE-OPENING

0404

(4/26/2016) OVERALL COMPLIANCE

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RISK CATEGORY

### **OBSERVATONS 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

COMP STAT VIOLATION OF CODE COMMENTS

NEW/OLD VIOLATION

CORRECT BY DATE

#### 36. THERMOMETERS PROVIDED AND ACCURATE

OUT

36. 46-4-302.12 Food Temperature Measuring Devices (Pf)

INSTALL EASILY READABLE THERMOMETERS IN ALL HOT & COLD UNITS

## 48. WAREWASHING FACILITIES, INSTALLED, MAINTAINED, USED, TEST STRIPS

OUT 48, 46-4-302.14 Sanitizing Solutions, Testing Devices (Pf)

NEED TEST STRIPS TO PROVE THE SANITIZING CONCENTRATION OF WARE WASHING UNITS

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

QUT

53, 46-5-501.17 Toilet Room Receptacle, Covered (C)

ALL FEMALE TOILET ROOMS NEED A RECEPTACLE WITH A TIGHT FITTING LID

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

OUT

55. 46-6-201.17 Walls and Ceilings, Attachments (C)

CONNECT THE SAFETY CABLES TO THE COOKING EQUIPMENT ON WHEELS THAT ARE EITHER GAS OR HARD WIRED ELECTRIC SUPPLIED.

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| COLD / HOT HOLDING AND TEMPERATURES       |       | WAREWASHING FACILITIES |                |             |  |
|---|-------|------------------------|----------------|-------------|--|
| HOLDING LOCATION                          | TEMP  | TYPE                   | SANITIZER      | PP <b>M</b> |  |
| ALL HOT & COLD HOLDING UNITS ARE WITHIN A | 0.00  | DISHWASHER             | BAR - CHLORINE | 75          |  |
| BAIN MARIE #1                             | 38.00 | DISHWASHER             | KITCHEN        | 50          |  |
| BAIN MARIE #2                             | 36.00 | DISHWASHER             | BAR #2         | 50          |  |

#### **REMARKS**

THIS IS A PRE-FINAL INSPECTION TO IDENTIFY ISSUES THAT ARE IN NEED OF CORRECTION PRIOR TO THE FINAL INSPECTION AND OPENING. VIOLATIONS SHALL BE CORRECTED PRIOR TO FINAL APPROVAL. ADDITIONALLY, ALL ISSUES IDENTIFIED BY THE BUILDING INSPECTOR/FIRE MARSHALL SHALL BE CORRECTED.

#### SIGNATURES

| Person in Charge (Signature): |                | 5/2/2016 |
|-------------------------------|----------------|----------|
| Inspector (Signature):        | College Taller | 5/2/2016 |

**Larry Taltoan** 

AUTOGRAPH BRASSERIE

W LANCASTER AV

FE NAME

<u>ADDRESS</u>

MANAGER NAME

RALPH FERNANDEZ

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LICENSE

FE00001313

INSP. TYPE INSP. NUMBER

FEI

PA 19087

6465

WAYNE INSP. DATE

TIME IN TIME OUT

**PURPOSE** 

**NEW ESTABLISHMENT** 

4/27/2016 COMPLIANCE

RISK CATEGORY

IN

**OBSERVATONS AND CORRECTIVE ACTIONS** 

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VIOLATION OF CODE COMP STAT COMMENTS

**NEW/OLD VIOLATION** 

CORRECT BY DATE

0. No PA Food Code Violations

OUT

0. No PA Food Code Violations

SEE NARRATIVE. ALL ISSUES FROM APRIL 26, 2016 HAVE BEEN CORRECTED

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| COLD / HOT HOLDING AND TEMPERATURES | —·——·"Ţ | WAREWASHING FACILITIES |              |             |
|-------------------------------------|---------|------------------------|--------------|-------------|
| HOLDING LOCATION                    | TEMP    | TYPE                   | SANITIZER    | <u> PPM</u> |
| NO FOOD ON SITE                     | 0.00    | 3 BAY SINK             | QUATS N/O    | 0           |
| NO FOOD ON OHE                      |         | DISHWASHER             | CHLORINE N/O | 0           |
|                                     |         | SANITIZING BUCKETS     | QUATS N/O    | 0           |

### REMARKS

THIS FOOD ESTABLISHMENT HAS BEEN INSPECTED AND APPROVED BY BOTH THE BUILDING CODE OFFICIAL/FIRE MARSHALL AND THE RADNOR TOWNSHIP HEALTH OFFICER AND COMPLIES WITH THE CODES AS ADOPTED BY THE RADNOR TOWNSHIP. THIS FOOD FACILITY IS APPROVED TO OPERATE AS OF APRIL 27, 2016. ISSUES IDENTIFIED ON APRIL 26, 2016 HAVE BEEN CORRECTED.

# SIGNATURES

5/2/2016 Person in Charge (Signature): 5/2/2016 Inspector (Signature): Larry Taltoan