RETAIL FOOD FACILITY INSPECTION REPORT

| RADNOR TOWNHSIP 301 IVEN AVENUE | | | # Risk Factor Violations # Repeat Risk Factor Violations | DATE TIME IN | 01/20/17 01:30PM |
|---|---------------------------------------|---------------------------|--|-----------------|---------------------|
| WAYNE, PA 19087 Food Facility Address STARBUCKS 775 E. LANCASTER AVENUE | | Overall Compliance Status | TIME OUT | OT.SUI W | |
| | | City/State | Zîp | Phone # | |
| | | VILLANOVA, PA | | | |
| Registration# | Owner | | Purpose of Inspection (choose one) | License Type | Risk Category |
| FE00001304 | FE00001304 MATTHEW GOLDSTEIN, MANAGER | | Routine | Retail | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk Factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.

| | | Demonstration of Knowledge | | | | Protection from Contamination | |
|------|--|---|-----|---|-------------------------------|---|-----|
| Sty | IN | Person in charge, demonstrates knowledge & performs duties | N/A | 14 | IN | Food separated & protected | N/A |
| | | Employee Health | | 15 | IN | Food contact surfaces: cleaned and sanitized | N/A |
| | IN | Management, food employee & conditional employee; knowledge, responsibilities & reporting | N/A | 16 | IN | Proper disposition of returned, previously served, reconditioned and unsafe food. | N/A |
| } | IN | Proper use of reporting; restriction & exclusion | N/A | | | Time/Temperature Control for Safety | |
| ē. | IN | Procedures for responding to vomiting & diarrheal events | N/A | 17 | IN | Proper cooking time & temperature | N/A |
| | | Good Hygienic Practices | | 18 | IN | Proper reheating procedures for hot holding | N/A |
| | IN | Proper eating, tasting, drinking or tobacco use | N/A | 19 | IN | Proper cooling time & temperature | N/A |
| | IN | No discharge from eyes, nose & mouth | N/A | 20 | IN | Proper hot holding & temperatures | N/A |
| | | Preventing Contamination by Hands | | 21 | IN | Proper cold holding & temperatures | N/A |
| 7 | IN | Hands clean & properly washed | N/A | 22 | IN | Proper data marking & disposition | N/A |
| | IN | No bare hand contact with RTE foods or pre-approved alternate method properly followed | N/A | 23 | IN | Time as a public health control: procedures & record | N/A |
| 1100 | IN | Adequate handwashing sinks properly supplied and accessible | N/A | | Consumer Advisory | | |
| | | Approved Source | | 24 | IN | Consumer advisory provided for raw/undercooked foods | N/A |
| 0 | IN | Food obtained from approved source N/A | | | Highly Susceptible Population | | |
| 1 | IN | Food received at proper temperature | N/A | 25 | IN | Pasteurized food used; prohibited foods not offered | N/A |
| 2 | IN | Food in good condition, safe & unadulterated | N/A | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | Food/Color Additives & Toxic Substances | |
| 3 | IN | Required records available, shellstock tags, parasite | N/A | 26 | IN | Food/Color additives: approved & property used | N/A |
| | and the same of th | | Î. | 27 | IN | Toxic substances properly identified, stored & used | N/A |
| | | | | | | Conformance with Approved Procedures | |
| | R | eset Form | | 28 | IN | Compliance with variance/specialized process/HACCP | N/A |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into food.

| Safe Food & Water | | | | | Proper Use of Utensils | | | | |
|-------------------|-----|---|-----|----|------------------------|--|-----|--|--|
| 29 | IN | Pasteurized eggs used where required | N/A | 42 | IN | In-Use utensils; properly stored | N/A | | |
| 30 | IN | Water & Ice from approved source | N/A | 43 | IN | Utensils, equipment & linens; properly stored, dried & handled | N/A | | |
| 31 | IN | Variance obtained for specialized processing methods | N/A | 44 | IN | Single-use/single-service articles: properly stored & used | N/A | | |
| | | Food Temperature Control | | 45 | IN | Gloves used properly | N/A | | |
| 32 | IN | Proper cooling methods used; adequate equipment for temperature control | N/A | | | Utensils, Equipment & Vending | | | |
| 33 | IN | Plant food properly cooked for hot holding | N/A | 46 | IN | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | N/A | | |
| 34 | IN | Approved thawing methods used | N/A | 47 | IN | Warewashing facilities; installed, maintained & used; test | N/A | | |
| 35 | IN | Thermometers provided & accurate | N/A | 48 | IN | Non-food contact surfaces clean | N/A | | |
| n I | | Food Identification | | | | Physical Facilities | | | |
| 36 | iN | Food properly labeled; original container | N/A | 49 | IN | Hot & cold water available: adequate pressure | N/A | | |
| | | Prevention of Food Contamination | | 50 | IN | Plumbing installed: installed, maintained & used; test | N/A | | |
| 37 | IN | Insects, rodents, & animals not present | N/A | 51 | IN | Sewage & waste water properly disposed | N/A | | |
| 38 | IN | Contamination prevented during food preparation, storage & display | N/A | 52 | ОИТ | Toilet facilities; properly constructed, supplied, cleaned | N/A | | |
| 39 | OUT | Personal cleanliness | N/A | 53 | IN | Garbage & refuse properly disposed: facilities maintained | N/A | | |
| 40 | IN | Wipe clothes; properly used & stored | N/A | 54 | оит | Physical facilities installed, maintained & clean | N/A | | |
| 41 | IN | Washing fruits & vegetables | N/A | 55 | IN | Adequate ventilation & lighting: designated areas used | N/A | | |

FOOD EMPLOYEE CERTIFICATION Compliance with PA Food Employee Certification Act (3Pa.CSASS§§6501-6510)

| | | CERTIFIED FOOD EMPLOYEE | | | | CERTIFICATE | |
|----|----|---|-----|----|----|--|-----|
| 56 | IN | Certified Food Employee employed; acts as PIC; accessible | N/A | 57 | IN | Certified Food manager certificate: valid and properly displayed | N/A |

 $IN = in \ compliance, \ OUT = not \ in \ compliance, \ N/O = not \ observed, \ N/A = not \ applicable$

C = corrected on site, R = repeated

P.I.C. Signature

Sanitarian Signature

| | | | | | | | | V |
|---|---------------------------------------|--------------------|--|---------------------------|-----------|-------------------------------|---|--|
| RADNOR TOWNHSIP 301 IVEN AVENUE WAYNE, PA 19087 Food Facility Address | | | | # Risk Factor Violations | | | DATE | 01/20/17 |
| | | | | | # Rep | eat Risk Factor Violations | TIME IN | 01:30PM |
| | | | | Overall Compliance Status | | | TIME OUT | |
| | | | | 4104 | City/s | itate | Zip | Phone # |
| | STARBU | ICKS | 775 E. LANCASTE | R AVENUE | | VILLANOVA, PA | | |
| Registration# | | Owner | | | Purpo | se of Inspection (choose one) | License Type | Risk Category |
| FE000 | 01304 | MAT | ITHEW GOLDSTEIN, MANA | GER | | Routine | Retail | |
| | | | | TEMPE | RATURE | RECORDINGS | | |
| | | ITEM/LOCATION | V | TEM | P | ITEM/LOC | ATION | TEMP |
| FROZEN PA | STRY | | | 12 | | | | |
| | | | | | | | | |
| MILK | | | | 36 | | | | |
| GRAB & GO | | | | 40 | | | | |
| | - I - I - II - II - II - II - II - II | | | | | | | - |
| | | | | | | | | |
| | | | | | | | | |
| | | | = | | | | | |
| | | | | WARE | NASHIN | IG FACILITIES | | |
| | | | | | | SANITIZER | | PPM |
| 3 Bay Sink | | | | | | QUATS | | N/O |
| | | | | | | QUATS | | 140 |
| 3 Bay Sink | | | | | | | | |
| Dishwashe | Dishwasher | | | | | HOT WATER | | 185 |
| Wiping Cot | ths | | | | | QUATS | <u>ej</u> | 200 |
| | | | OBS | ERVATION | s & cc | PRRECTIVE ACTIONS | | |
| ITEM# | | | | | VIO | LATION TEXT | | |
| 39 | HAID DES | TRAINTS NEEDED | FOR FOOD HANDLERS | | | | | |
| | | | | | | | | |
| 52 | NEED SO | AP. IN THE REAR BA | ATHROOM DISPENSER. CO | PRRECTED WH | ILE ON. S | SITE | | |
| 54 | CLEAN U | NDER THE COUNTE | ER REAS | | | | | |
| 54 | TRIP HAZ | ARD WITH MATT LE | ADING TO THE BACK COU | NTER | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ******** | VIOLATIO | NS SHALL BE CORF | RECTED WITHIN 48 HOURS | UNLESS OTHE | ERWISE | SPECIFIED. NON-COMPLIANCE MAY | RESULT IN PENALTIES IN | |
| | ACCORD | ANCE WITH APPLIC | ABLE ADOPTED RADNOR | TOWNSHIP CO | DES. | | | |
| With decemental transportation and | | | | | | | | |
| | | | | | | | | |
| | - | | | | | | | |
| | | | | | | | | |
| | N. | | | | | | | |
| | | | | | | | | |
| | | | | -WARRAN - IL-I | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | The state of the s | | | | 200/1000 2000 1111/1000 111/1 | |
| | | | | | | | | well and the second second second second |
| | | | | | | | | |

Follow-up to be completed on sanitarian copy only!

Warning Letter Requested

Prosecution Requested

Follow-up Date