RADNOR TOWNHSIP 301 IVEN AVENUE						#Risk Factor Violations #Repeat Risk Factor Violations Overall Compliance Status City/State			DATE	03/17/17		
					71				TIME IN	10:00 AM		
WAYNE, PA 19087					TIME OUT							
Food Facility Address									Zip	Phone #		
JERSEY MIKE'S 550 E LANCASTER AVE						WAYNE , PA			19087	1 Holle II		
And the second s						Purnose	e of Inspect		License Type	Risk Category	,	
Registration # Owner FE TO BE ISSUED CIERRA POLLOCK, MGR.					-	Purpose of Inspection (choose one) Routine			Retail	KISK Category		
THE PERSON NAMED IN COLUMN			Risk Factors are impo	FOODBORNE ILLNESS RISK ortant practices or procedures ide Public Health interventions are f Knowledge	ntified a	s the m	ost preva	elent contributing factors of for event foodborne illness or inju	oodborne illness or injury.			
	IN	Person in charge, demonstrates knowledge & performs duties			N/A	14 Food separated & protected IN					N	
			Employee	Health	N/A	15	IN	Food contact surfaces: cleaned	and sanitized	J.	N	
	IN	Management, food employee & conditional employee; knowledge, responsibilities & reporting			N/A	16	IN-	Proper disposition of returned,	urned, previously served, reconditioned and unsafe food.			
_	IN	Proper use of	use of reporting; restriction & exclusion					Time/Temperature Control for Safety				
_	e.	Procedures for responding to vomiting & diarrheal events			N/A	17	IN	Proper cooking time & temperature			N/J	
IN Procedures for responding to vomiting & diarrheal events Good Hygienic Practices					N/A	18	18 Proper reheating procedures for hot holding				N	
	IN	Proper eating, tasting, drinking or tobacco use			N/A	19	IN	Proper cooling time & temperat	ing time & temperature			
	IN	No discharge from eyes, nose & mouth			N/A	20	IN	Proper hot holding & temperatures			N	
		Prev	enting Contami	nation by Hands		21	IN	Proper cold holding & temperat	ures	(4	N	
	IN	Hands clean & properly washed			N/A	22 Proper data marking & disposition			8	N		
	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:	e as a public health control: procedures & record			
	OUT	Adequate handwashing sinks properly supplied and accessible OUT Relocate soap dispenser in BOH.			N/A	Consum			mer Advisory			
			Approved	Source		24	IN	Consumer advisory provided for	r raw/undercooked foods		N	
1	IN	Food obtained	I from approved source		N/A			Highly Su	sceptible Population			
) *S	IN	Food received	at proper temperature		N/A	25	IN	Pasteurized food used; prohibit	ed foods not offered	gal kelulukend <u>.</u>	N	
288	IN	Food in good condition, safe & unadulterated			N/A			Food/Color Addit	tives & Toxic Substa	nces		
0,000	IN	Required reco	rds available, shellstock	tags, parasite	N/A	26	IN	Food/Color additives: approved	i & properly used		N	
_				- 11 5	, see s	27	IN	Toxic substances properly ident	ified, stored & used		N	
								Conformance wit	th Approved Proced	ures		
						etter)					-	

28

IN

N/A

Compliance with variance/specialized process/HACCP

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					
9	IN .	Pasteurized eggs used where required	N/A	42	IN	In-Use utensils; properly stored	N/A				
10	IN	Water & Ice from approved source	N/A	43	IN	Utensils, equipment & linens; properly stored, dried & handled	N/A				
1	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				
2	IN	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment & Vending						
3	IN	Plant food properly cooked for hot holding		46	IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	N/i				
4	IN	Approved thawing methods used		47	IN	Warewashing facilities; installed, maintained & used; test	N/i				
35	OUT	Thermometers provided & accurate Walk in freezer temp. measuring device needs repair.			IN	Non-food contact surfaces clean	N/A				
	Food Identification					Physical Facilities					
6	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/				
17	IN	Insects, rodents, & animals not present	N/A	51	OUT	Sewage & waste water properly disposed Must maintain grease catch bin skid.	N/				
8	IN	Contamination prevented during food preparation, storage & display		52	оит	Toilet facilities; properly constructed, supplied, cleaned Needs toilet paper and personal items container in women's bathroom.	N/				
9	IN	Personal cleanliness	N/A	53	OUT.	Garbage & refuse properly disposed: facilities maintained Need new trash container with lid and plug.	N/				
Ю	IN	Wipe clothes; properly used & stored	N/A	54	оит	Physical facilities installed, maintained & clean Mop holder relocated so as not to cause contamination.	N/				
11	IN	Washing fruits & vegetables	N/A	55	IN	Adequate ventilation & lighting: designated areas used	N/				

Certified Food Employee employed; acts as PIC; accessible Certified Food manager certificate: valid and properly displayed N/A IN

CERTIFIED FOOD EMPLOYEE

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

C = corrected on site, R = repeated

N/A

P.I.C. Signature

Sanitarian Signature

CERTIFICATE

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RADNOR T					# Risk Factor Violation	S	DATE	03/17/17				
301 IVEN A WAYNE, PA					# Repeat Risk Factor \		TIME IN	10:00 AM				
1122	A 1908/				Overall Compliance Status		TIME OUT					
Food Facility	IEBREV N	MINE IS	Address	OTED AVE	City/State	/AVNE DA	Zip 19087	Phone #				
JERSEY MIKE'S 550 E LANCA			STER AVE WAYNE , PA Purpose of Inspection (choose one)			License Type	Risk Category					
200000000000000000000000000000000000000	Registration # Owner FE TO BE ISSUED CIERRA POLLOCK, MGI			3.	Routine							
				TEMPERATURE RECORDINGS								
Calculate medicario		ITEM/LOCATIO	N	TEMP ITEM/LOCAT			CATION	TEMP				
COLD BEVE	RAGE COOL	.ER		30			200° 5 0					
FREEZER			umu a Maria a m Maria a maria a	12	n [
REFRIGERA	TOR			40								
DISPLAY CA	SE .			37.2		E 5 5 5						
	. 2		nii maanaan maa maa maa maa maa maa maa maa			1 1 1 7						
	.01		. 1,27122-11-1122									
					7 A	E E						
	Sala			WAREV	VASHING FACILITIES							
					SANITIZER			PPM				
3 Bay Sink					QUATS	213		N/O				
3 Bay Sink					2	2						
Dishwashe	er				N/A			N/A				
Wiping Cot	ths				QUATS		N/O					
			OB	SERVATION:	s & CORRECTIVE	ACTIONS						
ITEM#					VIOLATION TE	XT						
54	THE ENTIR	RE STORE NEEDS	GENERAL CLEANING TO	REMOVE CONST	RUCTION DUST.			20 GM - 1 Regulation will blue to				
****	COMPLY WITH ISSUES OBTAINED BY BUILDING INSPECTOR/FIRE MARSHALL TO OBTAIN CERTIFICATE OF OCCUPANCY.											
	Same 2 2000 Same Ballone med Estata me manera de la Sama Maria de Company de Com											
03/20/17												
03/20/17	FOLLOW UP INSPECTION, ALL PREVIOUSLY NOTED VIOLATIONS HAVE BEEN CORRECTED WITH THE EXCEPTION OF;											
	ITEM #53 Need new trash container with lid and plug WHICH SHALL BE COMPLIED WITH WITHIN 72 HOURS.											
***	THIS DOCUMENT SHALL ACT FOR 72 HOURS AS A TEMPORARY FOOD LICENSE AND TEMPORARY CERTIFICATE OF OCCUPANCY.											
	OPERATOR CAN BEGIN OPERATION ON 03/20/17.											
OPERATOR SHALL POST THE FOLLOWING CURRENT DOCUMENTS IN PLAIN VIEW: C OF O, OCCUPANCY LOAD, FOOD LICENSE AND CF								5				
	ALSO, FOOD SAFETY INSPECTION REPORT OR A NOTICE INFORMING PUBLIC OF ITS AVAILABILITY TO VIEW.											
	a											
					5							
						B						

Follow-up to be completed on sanitarian copy only!

Warning Letter Requested

Prosecution Requested

Follow-up Date