RETAIL FOOD FACILITY INSPECTION REPORT

| RADNOR TOWNHSIP | | # Risk Factor Violations | DATE | 05/11/17 | |
|---------------------|--|--------------------------|------------------------------------|--------------|---------------|
| 301 IVEN AVENUE | | | # Repeat Risk Factor Violations | TIME IN | 0140PM |
| WAYNE, PA 19087 | | | Overall Compliance Status | TIME OUT | |
| Food Facility Addr | | Address | City/State | Zip | Phone # |
| FLEMINGS | | 555 E LANCASTER AVE | WAYNE, PA | 2034 | |
| Registration# Owner | | | Purpose of Inspection (choose one) | License Type | Risk Category |
| FE00001023 HUGO MAR | | HUGO MARTINEZ, MGR | Routine | Retail | 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.

Public Health interventions are control measures to prevent foodborne illness or injury.

| | | Demonstration of Knowledge | | | | Protection from Contamination | |
|------|-----|---|----------|----|---------------|---|-----|
| | 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 | |
| | 114 | Procedures for responding to vomiting & diarrheal events | IN/A | 17 | IN | Proper cooking time & temperature | N/A |
| 10 | IN | | N/A | 18 | IN | Proper reheating procedures for hot holding | N/A |
| | IN | Good Hygienic Practices Proper eating, tasting, drinking or tobacco use | N/A | 19 | IN | Proper cooling time & temperature | N/A |
| 1071 | IN | No discharge from eyes, nose & mouth | N/A | 20 | IN | Proper hot holding & temperatures | N/A |
| | | Preventing Contamination by Hands | <u>'</u> | 21 | | Proper cold holding & temperatures | + |
| | IN | Hands clean & properly washed | N/A | 22 | IN | Proper data marking & disposition | 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: procedures & record | N/A |
| | OUT | Adequate handwashing sinks properly supplied and accessible | | | IN | Consumer Advisory | N/A |
| 2386 | OUT | REPLACE SPLASH GUARD, FIX LEAK AT SINK BASE Approved Source | N/A | 24 | IN | Consumer advisory provided for raw/undercooked foods | N/ |
| i | IN | Food obtained from approved source | N/A | | | Highly Susceptible Population | |
| | IN | Food received at proper temperature | N/A | 25 | IN | Pasteurized food used; prohibited foods not offered | N/ |
| | IN | Food in good condition, safe & unadulterated | N/A | | | Food/Color Additives & Toxic Substances | |
| | IN | Required records available, shellstock tags, parasite | N/A | 26 | IN | Food/Color additives: approved & properly used | N |
| | | | 1 | 27 | IN | Toxic substances properly identified, stored & used | N |
| | | | | | Section (III) | Conformance with Approved Procedures | |
| | R | leset Form | | 28 | IN | Compliance with variance/specialized process/HACCP | N |

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 | OUT | In-Use utensils; properly stored SANITIZE CUTTING BOARDS THAT FELL ON FLOOR | 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 property | 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 |
| | | 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 | оит | Plumbing installed: installed, maintained & used; test FIX LEAK UNDER 3 BAY SINK, MOP SINK HOSE NEED REPLACED | 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 | IN | Toilet facilities; properly constructed, supplied, cleaned | N/A |
| 39 | IN | Personal cleanliness | N/A | 53 | IN | Garbage & refuse properly disposed: facilities maintained | N/A |
| 40 | IN | Wipe clothes; properly used & stored | N/A | 54 | out | Physical facilities installed, maintained & clean FIX MILK COOLER DOOR, CLEAN INSIDE BAR CABINETS | N/A |
| 41 | IN | Washing fruits & vegetables | N/A | 55 | OUT | Adequate ventilation & lighting; designated areas used REPLACE BULB IN WOMENS ROOM, PULL STATION NEEDS INSP. | 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 | оит | Certified Food manager certificate: valid and properly displayed POST AND RENEW CFM | 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

Lanne Tout

| DNOR TO | OWNHSIP | | | # Risk I | Factor Violations | DATE | 05/11/17 |
|----------------------------------|---|--|---------------|---------------------------|---|--------------------------|---------------|
| 001 IVEN AVENUE | | | # Repe | at Risk Factor Violations | TIME IN | 0140PM | |
| VAYNE, PA 19087 | | | | Overall | l Compliance Status | TIME OUT | |
| d Facility | | Address | | City/St | ate | Zîp | Phone # |
| (11) | FLEMINGS | 555 E LANC | ASTER AVE | | WAYNE, PA | | |
| sistration# | Owner | | Can't | Purpos | e of Inspection (choose one) | License Type | Risk Category |
| FE0000 | 01023 | HUGO MARTINEZ, MG | | | Routine | Retail | RETAIL |
| | | | TEMPE | RATURE | RECORDINGS | | |
| | ITEM/LOCATIO | ON | TEM | IP | ITEM/LOCAT | ION | TEMP |
| E CREAM I | FREEZER | | 9.5 | | | | |
| KE FREEZ | ZER | | 0 | | | | |
| KLED ON | IION | | 40 | | | | |
| LAD | | | 36 | | | | |
| BEYE | | | 30 | | | | |
| _K | | | 44 | | | | |
| ALK IN | | | 34 | | | | |
| ALK IIV | | | | | | | |
| | | | WARE | WASHING | G FACILITIES | | |
| | | | | | SANITIZER | | PPM |
| | | | | | QUATS | | 200 |
| Bay Sink | | | Color II | 1 | OUATE | | 200 |
| Bay Sink | | | | | QUATS | | |
| | | | | | HOT WATER, BOH, BAR | | 190, 188 |
| Bay Sink | | | | | | | 190, 188 |
| Bay Sink shwashe | | O | BSERVATION | IS & CO | HOT WATER, BOH, BAR QUATS | | |
| Bay Sink shwashe iping Cot | | OR | BSERVATION | | HOT WATER, BOH, BAR QUATS RRECTIVE ACTIONS | | |
| Bay Sink shwashe | | OE | BSERVATION | | HOT WATER, BOH, BAR QUATS | | |
| Bay Sink shwashe iping Cot | ths | | | VIOL | HOT WATER, BOH, BAR QUATS RRECTIVE ACTIONS | INDAY 05/15/17. EMAIL HE | 300 |
| Bay Sink shwashe iping Cot | ths | 1/2016. WHILE ON SITE, M | | VIOL | HOT WATER, BOH, BAR QUATS RRECTIVE ACTIONS ATION TEXT | NDAY 05/15/17. EMAIL HE | 300 |
| Bay Sink shwashe iping Cot | ths PULL STATION EXPIRED 11 | 1/2016. WHILE ON SITE, M T INSPECTED TAG. | ÁNAGER CONFIR | VIOL | HOT WATER, BOH, BAR QUATS RRECTIVE ACTIONS ATION TEXT | INDAY 05/15/17. EMAIL HE | 300 |
| Bay Sink Shwashe Siping Cot | PULL STATION EXPIRED 11 OF INVOICE AND CURREN | 1/2016. WHILE ON SITE, M T INSPECTED TAG. | ÁNAGER CONFIR | VIOL | HOT WATER, BOH, BAR QUATS RRECTIVE ACTIONS ATION TEXT | INDAY 05/15/17. EMAIL HE | 300 |
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Follow-up to be completed on sanitarian copy only

Warning Letter Requested

Prosecution Requested

Follow-up Date