RETAIL FOOD FACILITY INSPECTION REPORT

RADNOR TOWNHSIP 301 IVEN AVENUE WAYNE, PA 19087			# Risk Factor Violations # Repeat Risk Factor Violations	DATE TIME IN	05/16/17 10;00AM 11;30AM
			Overall Compliance Status	TIME OUT	
Food Facility Address		City/State	Zip	Phone #	
LA JOLIE 18-20 WEST AVENUE		WAYNE, PA	19087		
Registration #	Owner		Purpose of Inspection (choose one)	License Type	Risk Category
FFEF00001326		MAURICE DERAMUS	Follow Up	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.

	e e e	Demonstration of Vacuuladas		-		Protection from Contamination		
		Demonstration of Knowledge	No.			Frotection from contamination		
	IN	Person in charge, demonstrates knowledge & performs duties N/A				Food separated & protected	N/A	
Employee Health					IN	Food contact surfaces: cleaned and sanitized	N/A	
	IN	Management, food employee & conditional employee; knowledge, responsibilities & reporting N/A				Proper disposition of returned, previously served, reconditioned and unsafe food.	N/A	
		Proper use of reporting; restriction & exclusion				Time/Temperature Control for Safety		
	IN			17 IN		Proper cooking time & temperature		
	IN	Procedures for responding to vomiting & diarrheal events N/A				Proper reheating procedures for hot holding	2/20	
		Good Hygienic Practices			IN	December 19 American	N/A	
	IN	Proper eating, tasting, drinking or tobacco use	N/A	19	IN	Proper cooling time & temperature	N/A	
2	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	
	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	
	IN	Adequate handwashing sinks properly supplied and accessible	N/A			Consumer Advisory		
	1,74	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			
ı	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		211111	Food/Color Additives & Toxic Substances	1	
ĺ,		Required records available, shellstock tags, parasite	2.579.040	26	IN	Food/Color additives: approved & properly used	N/	
	IN		N/A	27	IN	Toxic substances properly identified, stored & used	N/	
					1	Conformance with Approved Procedures		
				28		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	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	
11	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	N/A			Utensifs, 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	OUT	Warewashing facilities; installed, maintained & used; test NEED QUAT TEST STRIPS	С	
15	IN	Thermometers provided & accurate N/A		48	IN	Non-food contact surfaces clean	N/A	
Ž		Food Identification				Physical Facilities		
36	IN	Food properly labeled; original container	N/A	49	IN	Hot & cold water available: adequate pressure	N/A	
à		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	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	
10	IN	Wipe clothes; properly used & stared	N/A	54	OUT	Physical facilities installed, maintained & clean Floor behind the ice machine needs cleaned.	С	
11	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

P.I.C. Signature

C = corrected on site, R = repeated

Sanitarian Signature

Laurence Taille

RADNOR T	OMBILISID				# Risk	Factor Violations	DATE	05/16/17
301 IVEN A					eat Risk Factor Violations	TIME IN	10;00AM	
WAYNE, PA						all Compliance Status	TIME OUT	11;30AM
25.			Address		City/S		Zip	Phone #
Food Facility	LA JOLI			AVENUE	City/:	WAYNE, PA	19087	Priorie #
b 11 0 0		Owner	18-20 WEST	AVENUE	D	ose of Inspection (choose one)	201968655	Risk Category
Registration #	ALL A CONTRACTOR	Owner	MAURICE DERAMUS		ruipe		License Type Retail	Hak Cotegory
FFEFOO	001326		MACRICE DEPAMOS			Follow Up	Retail	
						RECORDINGS	New York Control of the Control of t	
		TEM/LOCATIO	N	TEM	IP	ITEM/LO	CATION	TEMP
*** COOLER	#1			30				
*** COOLER	*** COOLER #2							
*** COOLER	#3			40				
*** W/COOLE	R			31		_ = = = =		
	7				11			
and the	Hair Mch.	San		MADE	MACHIA	IG FACILITIES	graphs. It is the many the	pel Avalo II n. las units
				VVARE	MINGAW			
						SANITIZER		PPM
3 Bay Sink		Tend (ven)				QUATS		NIO
3 Bay Sink								
Dishwashe	r					Chlorine	A//0	
Wiping Cot	ths							
			OB:	SERVATION	IS & CO	DRRECTIVE ACTIONS		
ITEM#					VIO	LATION TEXT		
***	INSTALL A	NEW MOP HANGE	ER .			diversity of the second		
***	INSTALLA	SMOKE FREE SIG	IN AT ENTRANCE PER TH	E PA INDOOR C	LEAN AIF	RACT		
***	100000000000000000000000000000000000000		AT ENTRANCE PER FIRE I	es contratores secondos:		v direction		
Wes	5 - 10 10 10 10 10 10 10 10 10 10 10 10 10	KNOX BOX PER C	and the second s					-
	INOTALEA	MION BOX I EN C	IODE					

			Follow-up to	be comple	eted or	sanitarian copy only!		

Warning Letter Requested

Prosecution Requested

Follow-up Date