RETAIL FOOD FACILITY INSPECTION REPORT

RADNOR TOWNHSIP 301 IVEN AVENUE WAYNE, PA 19087 Food Facility Address DOMINOS PIZZA 128 WEST LANCASTER AVE			# Risk Factor Violations # Repeat Risk Factor Violations	DATE TIME IN	07/06/17 1015am Phone #
			Overall Compliance Status	TIME OUT	
			City/State	Zip	
			WAYNE,PA		
Registration#	Owner		Purpose of Inspection (choose one)	License Type	Risk Category
FE00000682	FE00000682 LAURA LIMOGES, 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.

		Demonstration of Knowledge				Protection from Contamination	
Ne sud l	IN	Person in charge, demonstrates knowledge & performs duties	N/A	14	IN	Food separated & protected	N
		Employee Health		15	IN	Food contact surfaces: cleaned and sanitized	N
Š	IN	Management, food employee & conditional employee; knowledge, responsibilities & reporting	N/A	16	IN	Proper disposition of returned, previously served, reconditioned and unsafe food.	N
	IN	Proper use of reporting; restriction & exclusion	N/A			Time/Temperature Control for Safety	
	IN	Procedures for responding to vomiting & diarrheal events N/A		17	IN	Proper cooking time & temperature	3
		Good Hygienic Practices	To 161	18	IN	Proper reheating procedures for hot holding	P
lavist	IN	Proper eating, tasting, drinking or tobacco use	N/A	19	IN	Proper cooling time & temperature	1
	IN	No discharge from eyes, nose & mouth	N/A	20	IN	Proper hot holding & temperatures	+
		Preventing Contamination by Hands		21	IN	Proper cold holding & temperatures	+
S /S	IN	Hands clean & properly washed	N/A	22	IN	Proper data marking & disposition	
	IN	No bare hand contact with RTE foods or pre-approved alternate method properly followed	N/A	23	Time as a public health control: procedures & record (N		
	IN	Adequate handwashing sinks properly supplied and accessible	N/A			Consumer Advisory	
		Approved Source		24	IN	Consumer advisory provided for raw/undercooked foods	ı
0	Food obtained from approved source IN N/A			Highly Susceptible Population			
L	IN	Food received at proper temperature	N/A	25	IN	Pasteurized food used; prohibited foods not offered	r
2	IN	Food in good condition, safe & unadulterated	N/A	Food/Color Additives & Toxic Substances		Food/Color Additives & Toxic Substances	
	IN	Required records available, shellstock tags, parasite	N/A	26	IN	Food/Color additives: approved & properly used	
ele p				27	IN	Toxic substances properly identified, stored & used	ı
						Conformance with Approved Procedures	
	F	Reset Form		28		Compliance with variance/specialized process/HACCP	I

IN

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			Utensils, Equipment & Vending					
33	IN	Plant food properly cooked for hot holding		46	OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used Hand sink needs splash guard - see note below for walk in				
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	OUT	Non-food contact surfaces clean Clean between prep tables and under new Bain Marie	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	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	OUT	Contamination prevented during food preparation, storage & display Discard wet food items/boxes in walk in		52	IN	Toilet facilities; properly constructed, supplied, cleaned				
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 Repair holes in back wall	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

Jame Linger

Saturanan signanire

Marie Carley

RADNOR TOWNHSIP 301 IVEN AVENUE					# Risl	Factor Violations	DATE	07/06/17	
					# Rep	eat Risk Factor Violations	TIME IN	1015am	
WAYNE, PA 19087					Overa	Il Compliance Status	TIME OUT		
Food Facility Address					City/s	tate	Zîp	Phone #	
	DOMINOS PIZZA		128 WEST LAN	CASTER AVE		WAYNE,PA			
Registration #	Owner				Purpo	se of Inspection (choose one)	License Type	Risk Category	
FE000	000682		LAURA LIMOGES, mgi			Routine	Retail	RETAIL	
				TEMPE	RATURE	RECORDINGS			
	ITEM/L	CATION		TEMI	P	ITEM/LOCAT	TEMP		
Reach in		1110-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		39			The second of th	***************************************	
Bain marie				39					
Roasted red	hannors								
- None				40			***		
Under count	er cooler			38					
Walk in				34		and the state of t			
Mozzarella c	heese			41					
				WARE	NASHIN	G FACILITIES			
						SANITIZER		PPM	
3 Bay Sink						Quats		200	
3 Bay Sink		Selection of the				Qualis	OPTION OF THE STATE OF THE STAT	200	
Dishwashe	er e		and the second second						
Wiping Co	ths								
46	As discussed. Send	to: mearbor	nara@radnor.org			Remove or replace unit as discussed. If I	replacing, provide purchase ord	ler to Health Officer	
	Discard all yest 1000 fg	enis and box	es that were stored in w	ret areas or walk ii	1. (003)				
(我也在	Correct violations with	nin 24 hours	with exception of hand :	sink, which should l	be correct	ed within 1 week. Send purchase/repair o	rder for walk in within 24 hours		
		Time time							
					was expressed and		and the state of t		
						and the second s	the state of the s		
			Follow-up t						

Warning Letter Requested

Prosecution Requested

Follow-up Date