RETAIL FOOD FACILI RADNOR TOWNHSIP #						# Risk Factor Violations		DATE	07/27/17			
						# Repeat Risk Factor Violations		TIME IN	10:00am			
WAYNE, PA 19087							Compliano		TIME OUT			
							and the second		Zip	Phone #		
100 March 1997 A						City/Sta		Wayne/PA	19087	T HORE IT		
Mainline Coffee Roasters 389 W. Lancaster Ave, Farmers Market Registration # Owner						Burnoss	of Inches		200 0000	Riel Catogon		
			Owner	D.I		Purpose	10	tion (choose one)	License Type	Risk Categor		
	FEU	00000887		Pat		Routine			Retail	Retail		
			Demonstration			measur		event foodborne illness or inju		y.		
	IN =	Person in charge, demonstrates knowledge & performs duties			N/A	14	IN	Food separated & protected			N/	
1		9 3	Employee	e Health		15	IN	Food contact surfaces: cleaned	ned and sanitized			
	IN	Management, food employee & conditional employee; knowledge, responsibilities & reporting			N/A	16	IN	Proper disposition of returned,	d, previously served, reconditioned and unsafe food.			
	254	Proper use of reporting; restriction & exclusion				Time/Temperature Control for Safety						
	IN	Procedures for responding to vomiting & diarrheal events			N/A	17	IN	Proper cooking time & tempera	perature		ı	
IN					N/A	18	18 Proper reheating procedures for hot holding				N	
		<u> </u>	Good Hygien			19		Proper cooling time & tempera	ture		+	
	IN	Proper eating, tasting, drinking or tobacco use			N/A		IN		NASS.			
	IN	No discharge from eyes, nose & mouth				20	IN	Proper hot holding & temperat	atures			
Preventing Contamination by Hands						21	OUT	Proper cold holding & temperate Cold products need to be he	olding & temperatures cts need to be held at 41F or lower. Discard milk that was 65F,			
	IN	Hands clean & properly washed			N/A	22	IN	Proper data marking & disposition			1	
	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:	ol: procedures & record			
	IN	Adequate handwashing sinks properly supplied and accessible			N/A		Walter Street	Consu	ımer Advisory			
Approved Source						24	24 Consumer advisory provided for r		ACCUPATE OF THE PROPERTY OF A STATE OF THE S		٨	
)	IN	Food obtained from approved source			N/A		Highly Susceptible Population					
	IN	Food received	Food received at proper temperature			25	IN	Pasteurized food used; prohibited foods not offered			N	
	IN	Food in good condition, safe & unadulterated			N/A		Food/Color Ad		tives & Toxic Substances			
Required records available, shellstock tags, parasite			N/A	26	IN	Food/Color additives: approve	d & properly used		ı			
					The second Color	27	IN	Toxic substances properly ident	tified, stored & used		ı	
								Conformance wi	th Approved Procee	dures		
						28		Compliance with variance/spec	cialized process/HACCP	Marie State Annual Control of the Co		

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		43	IN	Utensils, equipment & linens; properly stored, dried & handled	N/A			
31	IN	Variance obtained for specialized processing methods			Single-use/single-service articles: properly stored & used					
		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	Food & non-food contact surfaces cleanable, properly designed, construct used					
34	IN	Approved thawing methods used	N/A	47	IN	Warewashing facilities; installed, maintained & used; test	N/A			
15	IN	Thermometers provided & accurate		48	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/A			
7	IN	Insects, rodents, & animals not present	N/A	51	IN	Sewage & waste water properly disposed	N/A			
8	IN	Contamination prevented during food preparation, storage & display		52	Toilet facilities; properly constructed, supplied, cleaned		N/A			
9	IN	Personal cleanliness		53	IN	Garbage & refuse properly disposed: facilities maintained	N/A			
0	OUT	Wipe clothes; properly used & stored Need a sanatizer bucket for wiping clothes.		54	IN	Physical facilities installed, maintained & clean	N/A			
1	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

							Superior and the superi
RADNOR TO 301 IVEN A					# Risk Factor Violations	DATE	07/27/17
WAYNE, PA					# Repeat Risk Factor Violations	TIME IN	10:00am
Food Facility Address					Overall Compliance Status City/State	TIME OUT	Phone #
			389 W. Lancaster Ave	Farmers Market	Wayne/PA	19087	Priorie #
Registration# Owner			k. amara mana	Purpose of Inspection (choose one)	License Type	Risk Category	
FE00000887 Pat			Pat		Routine	Retail	Retail
				TEMPERA	ATURE RECORDINGS		
2 III Albania ang Maria	l	TEM/LOCATIO	N	TEMP	ITEM/LO	CATION	TEMP
Whole milk				42			
Fridge				40			
Half and half				40			
Skim milk				65			
1	IIII - III - III						
		mus vions	<u> </u>				
		0.0000000000000000000000000000000000000		WAREW	ASHING FACILITIES		
					SANITIZER		PPM
3 Bay Sink						10. 30	
3 Bay Sink						——————————————————————————————————————	
Dishwasher							
Wiping Cotl	hs						
			OBS	FRVATIONS	& CORRECTIVE ACTIONS		
ITEM#					VIOLATION TEXT		
11-141					VIOLATION TEXT		
<u> </u>							
	2						
1,					S		
							8:
	All violations	must be taken ca	re of within 24 hours.				
					III III SAMMA SAMMA SAMMA	-100	

Follow-up to be completed on sanitarian copy only!

Warning Letter Requested

Prosecution Requested

Follow-up Date