				RETAIL FOOI	D FACI	LITY IN	ISPECTIO	ON REPORT				
RADNOR TOWNHSIP 301 IVEN AVENUE WAYNE, PA 19087							actor Viola	tions	DATE	07/28/17		
							t Risk Fact	or Violations	TIME IN	1		
							Complianc	e Status	TIME OUT			
Food Facility Address						City/State			Zip	Phone #		
Renee's Market 389 Lancaster Ave Farmer's Mark					ket	Wayne, Pa						
Re	gistration	#	Owner			Purpose of Inspection (choose one) License Type Risk Cat						
	FE 00001185 Liz Reid Maratea PIC						Rot	utine	Retail	Retail	2 ,	
			Risk Factors are im	FOODBORNE ILLNESS RISK I portant practices or procedures iden Public Health interventions are o	tified a	s the m	ost preva	lent contributing factors of	foodborne illness or injury			
			Demonstration	of Knowledge				Protection	from Contamination			
1	Person in charge, demonstrates knowledge & performs duties					14	IN	Food separated & protected				
	Employee Health					15	IN	Food contact surfaces: cleaned and sanitized				
2	IN	Management, food employee & conditional employee; knowledge, responsibilities & reporting				16	IN	Proper disposition of returned, previously served, reconditioned and unsafe food.				
3	IN	Proper use of reporting; restriction & exclusion Procedures for responding to vomiting & diarrheal events					3	Time/Temper	ature Control for Safet	y 11 11 11 11 11 11 11 11 11 11 11 11 11		
4	IIV.					17	IN	Proper cooking time & temper		N/A		
IN					N/A	N/A 18	18 Proper reheating procedures in IN		or hot holding		N/A	
Good Hygienic Practices												
5	IN	Proper eating,	tasting, drinking or to	bacco use	N/A	19	IN	Proper cooling time & temper	ature		N/A	
6	IN	No discharge fi	rom eyes, nose & mou	th	N/A	20	IN	Proper hot holding & tempera	tures		N/A	
		Prev	ination by Hands		21	IN	Proper cold holding & temperatures			N/A		
7	IN	Hands clean & properly washed No bare hand contact with RTE foods or pre-approved alternate method properly followed			N/A	22	IN	Proper data marking & disposition			N/A	
8	IN				N/A	23	IN	Time as a public health control: procedures & record			N/A	
9	IN	Adequate hand	dequate handwashing sinks properly supplied and accessible					Consumer Advisory			_	
			Approved	Source	N/A	24	IN	Consumer advisory provided f	or raw/undercooked foods		N/A	
10 Food obtained from approved source N/A					N/A	1		Highly S	usceptible Population			
11	IN	Food received at proper temperature			N/A	25	IN	Pasteurized food used; prohibited foods not offered N/				
12	IN	Food in good c	in good condition, safe & unadulterated					Food/Color Additives & Toxic Substances				
13	IN	Required recor	ds available, shellstoo	k tags, parasite	N/A N/A	26	IN	Food/Color additives: approve	ed & properly used		N/A	

27

28

IN

IN

N/A

N/A

Toxic substances properly identified, stored & used

Compliance with variance/specialized process/HACCP

Conformance with Approved Procedures

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			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	emperature control		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	
34	IN	Approved thawing methods used		47	IN	Warewashing facilities; installed, maintained & used; test	
15	IN	Thermometers provided & accurate	N/A	48	48 Non-food contact surfaces clean		
		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
7	IN	Insects, rodents, & animals not present	cts, rodents, & animals not present N/A		IN	Sewage & waste water properly disposed	
38	IN	Contamination prevented during food preparation, storage & display N/A		52	IN	Toilet facilities; properly constructed, supplied, cleaned	
19	IN	Personal cleanliness	N/A	N/A 53 N Garbage & refuse properly disposed: facilities maintained		Garbage & refuse properly disposed: facilities maintained	N/A
0	IN	Wipe clothes; properly used & stored	N/A	54	IN	Physical facilities installed, maintained & clean	N/A
11	IN	Washing fruits & vegetables	N/A	55	IN	Adequate ventilation & lighting: designated areas used	N/A
		FOOD EMPLOYEE CERTIFICATION Compliance	with P	A Foo	d Emp	loyee Certification Act (3Pa.CSASS§§6501-6510)	
		CERTIFIED FOOD EMPLOYEE				CERTIFICATE	

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IN

N/A

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

Certified Food Employee employed; acts as PIC; accessible

C = corrected on site, R = repeated

Certified Food manager certificate: valid and properly displayed

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IN

N/A

RADNOR TOWNHS	ID			# Risk Factor Violations	DATE	07/28/17
301 IVEN AVENUE	E 27			# Repeat Risk Factor Violations	TIME IN	07720(17
WAYNE, PA 19087			Overall Compliance Status		TIME OU	· · · · · · · · · · · · · · · · · · ·
Food Facility		Address		City/State	Zip	Phone #
	s Market	389 Lancaster Ave	Farmer's Market	Wayne, Pa		THOIC II
Registration #	Owner			Purpose of Inspection (choose one)	License Ty	oe Risk Category
FE 00001185		Liz Reid Maratea PIC		Routine	Retail	Retail
			TEMPERA	ATURE RECORDINGS		
Date is mad accepted to a	ITEM/LOCATION	ON	TEMP		M/LOCATION	TEMP
Scallops		72000	39		.,	12111
mashed potatoes			38		101919101111111111111111111111111111111	
display cooler			41		411	
				12		
d						
			WAREW	ASHING FACILITIES		
			1	SANITIZER		PPM
3 Bay Sink			Andrew Comment	Quats		200
3 Bay Sink					THE WAR STATE OF	
Dishwasher						
Wiping Coths						
		OB	SERVATIONS	& CORRECTIVE ACTIONS		
ITEM #				VIOLATION TEXT		
				MATERIAL MAT		
No Viola	ations			П		
2						
			9			
				11		
			22			
						A COLUMN CONTRACTOR
		Follow-up to	be complete	ed on sanitarian copy only	/ !	- A STATE OF THE S

Warning Letter Requested

Prosecution Requested

Follow-up Date