RETAIL FOOD FACILITY INSPECTION REPORT

RADNOR TOWNHSIP 301 IVEN AVENUE WAYNE, PA 19087 Food Facility Address Paramour 139 E Lancaster Ave.			# Risk Factor Violations	DATE	08/29/17 02:00pm Phone #
			# Repeat Risk Factor Violations	TIME IN	
			Overall Compliance Status	TIME OUT	
			City/State	Zip	
			Wayne/PA	19087	
Registration#	Owner		Purpose of Inspection (choose one)	License Type	Risk Category
FE00001154	FE00001154 Wesley Fields; Manager		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	
100	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, responsi- bilities & reporting	N/A	16	IN	Proper disposition of returned, previously served, reconditioned and unsafe food.	N/A
Y	IN	Proper use of reporting; restriction & exclusion	N/A	17		Time/Temperature Control for Safety Proper cooking time & temperature	
į.	IN	Procedures for responding to vomiting & diarrheal events	N/A	18	IN	100 May 100 M 100 M 100 M	N/A
		Good Hygienic Practices	Good Hygienic Practices		iN	Proper reheating procedures for hot holding	N/A
1	IN	Proper eating, tasting, drinking or tobacco use	N/A	19 PI		Proper cooling time & temperature	N/A
i	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	
7	IN	Hands clean & properly washed	N/A	22 IN		Proper data marking & disposition	N/A
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: procedures & record	N/A
)	OUT	Adequate handwashing sinks properly supplied and accessible Need paper towels at hand wash sink.	С		Consumer Advisory		
		Approved Source		24	IN	Consumer advisory provided for raw/undercooked foods	N/A
10 Food obtained from approved source N/A					Highly Susceptible Population		
1	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			Food/Color Additives & Toxic Substances	anseen a
3	IN	Required records available, shellstock tags, parasite	N/A	26	IN	Food/Color additives: approved & properly used	N/A
	ME TOUR			27	IN	Toxic substances properly identified, stored & used	N/A
					Conformance with Approved Procedures		
	Reset Form				IN	Compliance with variance/specialized process/HACCP	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 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	OUT	Warewashing facilities; installed, maintained & used; test Repair/replace hot water dishwasher gage.	С		
35	IN	Thermometers provided & accurate	N/A	48	IN	Non-food contact surfaces clean	N/A		
		Food Identification				Physical Facilities	#1 (20) #2 (20)		
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	N/A	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	OUT	Wipe clothes; properly used & stored Keep wiping clothes in sanatizer between use.	С	54	IN	Physical facilities installed, maintained & clean	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§86501-6510)

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

P.I.C. Signature

Sanitarian Signature

Carny Callo-

RADNOR TOWNHSIP 301 IVEN AVENUE WAYNE, PA 19087					Factor Violations	08/29/17	
					at Risk Factor Violations	TIME IN	02:00pm
					l Compliance Status	TIME OUT	
Food Facility Address				City/St	ate	Zip	Phone #
P	Paramour 139 E Lanca				Wayne/PA	19087	
Registration#	Owner			Purpos	e of Inspection (choose one)	License Type	Risk Category
FE00001154		Wesley Fields; Manager	HEAD WATER HARMON TO THE WATER HARM		Routine	Retail	Retail
	egenetic acommunication of		TEMPER/	ATURE	RECORDINGS		
	ITEM/LOCATIO	N	TEMP		ITEM/LOCA	TION	TEMP
Cucumbers	Cucumbers						
Shrimp			40				
Ground beef			39				
Walk-in fridge			36				
Half and half in bar			43				
Tom. Sauce			41				
Coleslaw			41				
			WAREW	/ASHING	G FACILITIES		
					SANITIZER		PPM
3 Bay Sink				QUATS			300
3 Bay Sink							
Dishwasher					Hot water		N/O
Wiping Coths	Viping Coths				QUATS	300	
		OBS	ERVATIONS	& CO	RRECTIVE ACTIONS		
ITEM#				VIOL	ATION TEXT		
	110000000000000000000000000000000000000						
Repa	air/replace dishwasher gag	ge within 48 hours. All other v	riolations were corr	rected on	site.	and the second s	and the second s
WI-10-12-11-11-11-11-11-11-11-11-11-11-11-11-	accounts with the control of the con						
							·
-							
						1-3-1	
						attended to the second of the	
	n a thin in the same same with		contractor contractors				

Follow-up to be completed on sanitarian copy only!

Warning Letter Requested

Prosecution Requested

Follow-up Date