## RETAIL FOOD FACILITY INSPECTION REPORT

| RADNOR TOWNHSI  | P                     |                      | # Risk Factor Violations           | DATE         | 1/3/17          |
|---|-----------------------|----------------------|------------------------------------|--------------|-----------------|
| 301 IVEN AVENUE WAYNE, PA 19087 Food Facility Address |                       |                      | # Repeat Risk Factor Violations    | TIME IN      | 10:00 4 Phone # |
|   |                       |                      | Overall Compliance Status          | TIME OUT     |                 |
|   |                       |                      | City/State                         | Zip          |                 |
| Campus Corner 829 Lancaste                            |                       | 829 Lancaster Avenue | Vilianova, Pa                      | 19010        |                 |
| Registration#   | Owner                 |                      | Purpose of Inspection (choose one) | License Type | Risk Category   |
| Fe00000659  | Fe00000659 John lezzi |                      | Routine                            | 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   |     |  |
|----|----|---|-----|----|--|---|-----|--|
| L  | 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, responsibilities & reporting | N/A | 16 | IN   | Proper disposition of returned, previously served, reconditioned and unsafe food. | N/A |  |
|    | 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   | N/A |  |
|    |    | Good Hygienic Practices   |     | 18 | IN   | Proper reheating procedures for hot holding                                       | N/A |  |
|    | IN | Proper eating, tasting, drinking or tobacco use   | N/A | 19 | IN   | Proper cooling time & temperature   | N/A |  |
|    | IN | No discharge from eyes, nose & mouth  | N/A | 20 | 20 Proper hot holding & temperatures                       |   | N/A |  |
|    |    | Preventing Contamination by Hands   |     | 21 | IN   | Proper cold holding & temperatures  |     |  |
|    | IN | Hands clean & properly washed   | N/A | 22 | 22 Proper data marking & disposition OUT                   |   | R   |  |
|    | IN | No bare hand contact with RTE foods or pre-approved alternate method properly followed    | N/A | 23 | 23 Time as a public health control: procedures & record IN |   | N/A |  |
| i. | IN | Adequate handwashing sinks properly supplied and accessible  N/A                          |     |    |  | Consumer Advisory   |     |  |
|    | 1  | 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   |     |  |
| 1  | iN | Food received at proper temperature   | N/A | 25 | 25 Pasteurized food used; prohibited foods not offered IN  |   | N/A |  |
| 2  | IN | Food in good condition, safe & unadulterated  | N/A |    |  | Food/Color Additives & Toxic Substances   |     |  |
| IN |    | Required records available, shellstock tags, parasite                                     | N/A | 26 | IN   | Food/Color additives: approved & properly used                                    | N// |  |
|    |    |   | J   | 27 | IN   | Toxic substances properly identified, stored & used                               | N/A |  |
|    |    |   |     |    |  | Conformance with Approved Procedures  | 1   |  |
|    | F  | Reset Form  |     | 28 | IN   | Compliance with variance/specialized process/HACCP                                | N/i |  |

## **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      |  |  |  |  |
| 0  | IÑ                | Water & Ice from approved source  | N/A  | 43 | IN   | Utensils, equipment & linens; properly stored, dried & handled | N/A      |  |  |  |  |
| 1  | IN                | Variance obtained for specialized processing methods                    | s<br>N/A   |    | 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  |    |  | Utensils, Equipment & Vending                                  |          |  |  |  |  |
| 3  | IN                | Plant food properly cooked for hot holding                              |  | 46 | Food & non-food contact surfaces cleanable, properly designed, construction used |  | d, & N/A |  |  |  |  |
| 4  | IN                | Approved thawing methods used   | N/A  | 47 | IN   | Warewashing facilities; installed, maintained & used; test     | N/A      |  |  |  |  |
| 5  | IN                | Thermometers provided & accurate  | N/A  | 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      | amination prevented during food preparation, storage & display N/A |    | IN   | Toilet facilities; properly constructed, supplied, cleaned     |          |  |  |  |  |
| 9  | OUT               | Personal cleanliness  | С  | 53 | IN   | Garbage & refuse properly disposed: facilities maintained      | N/A      |  |  |  |  |
| 0  | IN                | Wipe clothes; properly used & stored                                    | N/A  | 54 | оит  | Physical facilities installed, maintained & clean              | N/       |  |  |  |  |
| 1. | IN                | Washing fruits & vegetables   | N/A  | 55 | OUT  | Adequate ventilation & lighting: designated areas used         | N/       |  |  |  |  |

FOOD EMPLOYEE CERTIFICATION Compliance with PA Food Employee Certification Act (3Pa.CSASS§§6501-6510)

| CERTIFIED FOOD EMPLOYEE |     |   | CERTIFICATE |    |    |   |  |  |
|-------------------------|-----|---|-------------|----|----|---|--|--|
| 56                      | OUT | 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

Johnst Deggi

Laurung Talles

| RADNOR TOWNHSIP<br>301 IVEN AVENUE<br>WAYNE, PA 19087 |                                   |  |                     | # Risk Factor Violations # Repeat Risk Factor Violations Overall Compliance Status   |  | DATE TIME IN TIME OUT  | 1/3/17<br>10:004m<br>11:554m   |  |
|---|-----------------------------------|--|---------------------|--|--|--|--|--|
| Food Facility   |                                   | Address  |                     | City/State   |  | Zîp  | Phone #  |  |
| Campus Corner 829 Lancaste                            |                                   |  | er Avenue           | v  | illanova, Pa   | 19010  |  |  |
| Registration#   | Owner                             |  |                     | Purpose of Inspection  | (choose one)   | License Type   | Risk Category  |  |
| Fe0000  | 00659                             | John lezzi   |                     | Routine  |  | Retail   |  |  |
|   |                                   |  | TEMPER              | ATURE RECORDING  | S  |  |  |  |
|   | ITEM/LOCATIO                      | ON   | TEMP                |  | ITEM/LOCAT   | ITEM/LOCATION  |  |  |
| Cheese  |                                   |  | 36                  | Chili  |  | 167  |  |  |
| Peppers   | 7                                 |  | 36                  | Chicken soup   |  |  | 181  |  |
| Sliced ham  |                                   |  | 42                  |  |  |  |  |  |
| Sliced. Turkey  |                                   |  | 40                  |  | - Array - De Carallana - Caral |  |  |  |
| lce cream   |                                   | THE STATE OF THE S | 12                  |  | Marie Committee  |  |  |  |
|   |                                   |  |                     |  |  | The state of the s |  |  |
|   |                                   |  |                     |  |  |  |  |  |
|   |                                   |  | WAREV               | VASHING FACILITIES   |  |  | T  |  |
|   |                                   |  |                     | SANITIZER  |  |  | PPM  |  |
| 3 Bay Sink  |                                   |  |                     | Quats  |  |  | 150  |  |
| 3 Bay Sink  |                                   |  |                     |  |  |  |  |  |
| Dishwasher  |                                   |  |                     |  |  |  |  |  |
| Wiping Cot  | hs                                |  |                     | Quats  |  |  | 400  |  |
|   |                                   | ОВ   | SERVATIONS          | & CORRECTIVE   | ACTIONS  |  |  |  |
| ITEM#   |                                   |  |                     | VIOLATION TE   | ХT   |  |  |  |
| 22  | Label squeeze bottles with sa     | uces   |                     |  |  |  |  |  |
| 39  | Hair restraints needed for all t  | food preparation workers   |                     |  |  |  |  |  |
| 54  | Clean the floor under the coo     | kline  |                     |  |  |  |  |  |
| 55  | Install a light shield over the c | eiling light over the sandwich   | preparation area.   |  |  |  |  |  |
| 56  | Person in charge must Displa      | y in plain view; food license,   | inspection report & | food manager certificate   | ).   |  |  |  |
| 56  | Person in charge must provid      | e grease trap cleaning, repor  | t within 24 hours.  |  |  |  | The state of the s |  |
|   |                                   |  |                     |  |  |  |  |  |
| *****   | Unless specified otherwise vio    | olations shall be corrected wit  | thin 72 hours. Non  | -compliance may result i   | n penalties in accordance v  | with applicable adopted Radno  | yr .   |  |
|   | Township Codes.                   |  |                     | THE STATE OF THE S |  |  |  |  |
|   |                                   |  |                     |  |  |  |  |  |
|   |                                   |  |                     |  |  |  |  |  |
|   |                                   |  |                     | the state of the s | Walter Control of the |  |  |  |
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|   |                                   |  |                     |  |  |  |  |  |
|   |                                   | The state of the s |                     |  |  |  |  |  |
|   |                                   |  | 97                  |  |  |  |  |  |

Follow-up to be completed on sanitarian copy only!

Warning Letter Requested

**Prosecution Requested** 

Follow-up Date