				RETAIL FOOL				TON REPORT			
RADNOR TOWNHSIP #						# Risk Factor Violations			DATE	01/23/17	
AAAAAAM IN AAAAAM							t Risk Fa	ctor Violations	TIME IN	10:30AM	
1 402						Overall	Overall Compliance Status TIME C				
						City/Sta	te		Zip	Phone #	
		SNAP KIT	CHEN	536 W. LANCASTER AVENUE				WAYNE, PA	19087		
teg	istration	#	Owner			Purpose	of Insp	ection (choose one)	License Type	Risk Category	
FE00001337 CORY ANDERSON, GENERAL MANAGER					annamiko	Routine Retail RETAIL					
			Risk Factors are imp	FOODBORNE ILLNESS RISK I cortant practices or procedures iden Public Health interventions are of f Knowledge	tified as	the m	ost pre	valent contributing factors of revent foodborne illness or in	f foodborne illness or injur	у.	
							VINE				
	IN	Person in ch	arge, demonstrates kno	viedge & performs duties	N/A	14	IN	Food separated & protected	x x		N/A
		Employee Health 15 Food contact surfaces: cleaned and sanitized IN						N//			
	IN	Managemen bilities & rep		ditional employee; knowledge, responsi-	N/A	16	IN	Proper disposition of returne	ned, previously served, reconditioned and unsafe food.		
		Proper use of	Proper use of reporting; restriction & exclusion Time/Temperature Control for Safety					ty			
	IN	Procedures for responding to vomiting & diarrheal events			N/A	17	IN	Proper cooking time & temps	er cooking time & temperature		
,	IN	DO NOT YOUR BUILDINGS WHAT AND INC. THE TOTAL WAS NOT THE TOTAL			N/A	18	IN	Proper reheating procedures for hot holding			N/
		Good Hygienic Practices								1.00	
	IN	Proper eatin	g, tasting, drinking or to	bacco use	N/A	19	IN	Proper cooling time & tempe	me & temperature		N/A
	IN	No discharge	e from eyes, nose & mou	th	N/A	20	IN	Proper hot holding & temper	peraturés		
		Preventing Contamination by Hands 21 Proper cold holding &			Proper cold holding & tempe	ratures		N/			
	IN	Hands clean	& properly washed		N/A	22	IN	Proper data marking & dispo	oper data marking & disposition		N
	IN	No bare han properly foll		s or pre-approved alternate mathod	N/A	23	IN	Time as a public health contr	ntrol: procedures & record		N/
	IN	Adequate h	andwashing sinks prope	ly supplied and accessible	N/A			Con	Consumer Advisory		
			Approved	I Source	Consumer advisory provided for raw/undercooked foods					N	
lo		Food obtain	Approved				619000 5 Wilein	Highly	Highly Susceptible Population		

IN

IN

IN

26 IN

27

28

N/A

N/A

N/A

IN = in compliance, OUT = not in compliance, N/O = not observed, N/A = not applicable					
	TNI - in compliance	OUT - not in com	pliance N/O - not	observed N/A	= not applicable

11

12

13

IN

IN

IN

Food received at proper temperature

Food in good condition, safe & unadulterated

Required records available, shellstock tags, parasite

N/A

N/A

N/A

N/A

Pasteurized food used; prohibited foods not offered

Food/Color additives: approved & properly used

Toxic substances properly identified, stored & used

Compliance with variance/specialized process/HACCP

Food/Color Additives & Toxic Substances

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				
9	IN	Pasteurized eggs used where required	N/A	42	IN	in-Use utensils; properly stored	N/A			
0	IN	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	N/A	44	IN	Single-use/single-service articles: properly stored & used	N/A			
		Food Temperature Control		45	IN	Gloves used properly	N/A			
2	Proper cooling methods used; adequate equipment for temperature control IN N//				Utensils, Equipment & Vending					
3	IN	Plant food properly cooked for hot holding		46	OUT	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	N/A			
4	IN	Approved thawing methods used		47	IN	Warewashing facilities; installed, maintained & used; test				
5	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	řN.	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	IN	Tollet facilities; properly constructed, supplied, cleaned				
9	IN	Personal cleanliness N/A		53	IN	Garbage & refuse properly disposed: facilities maintained				
0	IN	Wipe clothes; properly used & stored N/A		54	OUT	Physical facilities installed, maintained & clean				
1	IN	Washing fruits & vegetables	N/A	55	IN	Adequate ventilation & lighting: designated areas used	N/J			
		FOOD EMPLOYEE CERTIFICATION Compliance	with F	A Foo	od Empl	loyee Certification Act (3Pa.CSASS§6501-6510)				
CERTIFIED FOOD EMPLOYEE					CERTIFICATE					
6	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

RADNOR TO 301 IVEN A				Variation of the second	tor Violations Risk Factor Violations	DATE TIME IN	01/23/17 10:30AM		
WAYNE, PA	19087			Overall Co	mpliance Status	TIME OUT			
Food Facility		Address		City/State		Zip	Phone #		
	SNAP KITCHEN	536 W. LAN	CASTER AVENUE		WAYNE, PA	19087			
Registration#	Owner			Purpose o	f inspection (choose one)	License Type	Risk Category		
FE000	01337 CO	RY ANDERSON, GENER	AL MANAGER		Routine	Retail	RETAIL FOOD		
			TEMPE	RATURE RE	CORDINGS				
	ITEM/LOCAT	TION	TEM	Р	ITEM/LOC	CATION	TEMP		
GRAB & GO	COOLER		33						
GRAB & GO	COOLER		28						
							1.		
			THE MANAGEMENT	MACINAL .	ACHITIEC				
			WAKE	WASHING F					
				5.	ANITIZER		PPM		
3 Bay Sink									
3 Bay Sink				N	/A				
Dishwashe	r			N	/A				
Wiping Cot	ths			N	10 /				
			OBSERVATION	IS & COR	RECTIVE ACTIONS				
ITEM#				VIOLA	TION TEXT				
101210177									
***************************************	ALL FOOD ARE PREPARE	ED AND PREPACKAGED	AT ANOTHER APPRO	JAED FOOD I	FACILITY, WITH NO FOODS PREF	PARED NOR PACKAGED ON	SILE.		
	THERE ARE TWO MINOR	ITEMS FROM THE FOO	D SAFETH PERSPECT	TIVE THAT N	EED RESOLVED.				
46	CAULK ALONG THE METAL CORNER STRIP OUTSIDE OF THE WALKIN REFRIGERATOR								
54	INSTALL A MOP HANGER OVER THE MOP SINK SO THE MOPS CAN DRIP DRY & REMOVE ALL CONSTRUCTION TOOLS, ÉTC.								
******	MUST CORRECT ALL ITEMS IDENTIFIED BY THE BUILDING INSPECTOR TO OBTAIN THE CERTIFICATE OF OCCUPANCY.								
******	OM THE BUILDING INSPECT	OR &							
CODE OFFICIAL. A SIGNED HAND WRITTEN REPORT IS ON FILE IN LASER FISCHE.									
****	01/24/17 Upon follow up inspection all the previously identified								
	violations 1	have been c	orrected f	from O	1/23/17. The f	ood license			
	FE00001337 was approved and prepared for issue.								
	OK to opera			erous described (1955)	and process and the Control of the C				
	ok to opera	u-C-							
					28 2 3 3 3				

Follow-up to be completed on sanitarian copy only!

Warning Letter Requested Prosecution Requested

Follow-up Date