RETAIL FOOD FACILITY INSPECTION REPORT

RADNOR TOWNHSIP			# Risk Factor Violations	DATE	05/09/17
301 IVEN AVENUE		#Repeat Risk Factor Violations	TIME IN	10:00am	
WAYNE, PA 19087			Overall Compliance Status	TIME OUT	
ood Facility Address City/State		Zip	Phone #		
LA JO	LIE	18-20 WEST AVENUE	WAYNE, PA.	19087	
Registration #	Owner		Purpose of Inspection (choose one)	License Type	Risk Category
NOT YET ISSUED		MAURICE KIM DE-RAMUS	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.

Public Health interventions are control measures to prevent 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	
		Procedures for responding to vomiting & diarrheal events		17	IN	Proper cooking time & temperature	N/A
	IN	Good Hygienic Practices	N/A	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		IN	Proper hot holding & temperatures	N/A
		Preventing Contamination by Hands		21	IN	Proper cold holding & temperatures	N/A
	IN	Hands clean & properly washed	N/A	22	IN	Proper data marking & disposition	N/A
	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 hand wash sinks need soap & paper towels at all times	N/A		Consumer Advisory		1
	001	Approved Source	NIA	24	IN	Consumer advisory provided for raw/undercooked foods	N//
0	IN	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	
3	IN	Required records available, shellstock tags, parasite	N/A	26	IN	Food/Color additives: approved & properly used	N
			1000 Aug	27	IN	Toxic substances properly identified, stored & used	N/
						Conformance with Approved Procedures	i
				28	IN	Compliance with variance/specialized process/HACCP	N/

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		
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	mi	45	IN	Gloves used properly	N/A		
12	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	iN	Warewashing facilities; installed, maintained & used; test	N/A		
35	IN	Thermometers provided & accurate	N/A	48	IN	Non-food contact surfaces clean	N/A		
		Food Identification	n 35		No.	Physical Facilities	(Self)		
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	OUT	Sewage & waste water properly disposed Need access to mop sink to use the sink	N/A		
38	IN	Contamination prevented during food preparation, storage & display	N/A	52	IN	Toilet facilities; properly constructed, supplied, cleaned	N/A		
19	IN	Personal cleanliness	N/A	53	1N	Garbage & refuse properly disposed: facilities maintained	N/A		
10	IN	Wipe clothes; properly used & stored	N/A	54	OUT	Physical facilities installed, maintained & clean The entire facility shall be in a clean & sanitary condition	N/A		
11	IN	Washing fruits & vegetables	N/A	55	OUT	Adequate ventilation & lighting: designated areas used Clean the hood ducts to the roof	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

P.I.C. Signature		Sanitarian Signature
	,	
	Laurence	Catture

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WAYNE, PA	4 19087				Ove	all Compliance Status	TIME OUT	
Food Facility			Address		City/State		Zip	Phone #
	LA JOI	JE	18-20 WES	TAVENUE		WAYNE, PA.	19087	
Registration #	8	Owner			Purp	ose of Inspection (choose one)	License Type	Risk Category
NOT YET	ISSUED		MAURICE KIM DE-RAMI	JS		Routine	Retail	
				TEMPI	ERATUR	E RECORDINGS		
ITEM/LOCATION				TEIV	TEMP ITEM/LC		CATION	TEMP
Reach in Cooler				28				
Bain Marie			34					
			-					
							97	
	WIE FIE			WARE	EWASHII	NG FACILITIES		N. Tree T. As-III.
						SANITIZER		PPM
						Control of the Contro		<u> </u>
3 Bay Sink	+					Quats		N/O
3 Bay Sink	1 2 18							
Dishwashe	r					Chlorine		100
Wiping Cot	ths							
			OB	SERVATION	NS & C	ORRECTIVE ACTIONS		
			0.	SERVATIO				
ITEM #	VIOLATION TEXT							
54	Patch the I	holes in the walls						
54	Caulk behi	ind the hand & 3bay n	nanual warewashing sinks	i.				
	Repair/replace the light fixture in the backroom							
55	Керап/гер	nace the light fixture if	The backroom					
00	Correct all	items identified by th	e building inspector/fire m	arshal to obtain th	ne certifica	ate of occupancy. Call for a follow up he	ealth inspection when all items	are complete.
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						n sanitarian copy only!		

Warning Letter Requested Prosecution Requested

Follow-up Date