| Delaware County Health Dept/Env. Health Division 1510 Chester Pike Suite 700 | | | | | No. of Risk Factor/Intervention Violations: 0 | | | | | 2/13/20 | | |
|---|----------------|--|---|--|---|---|---|--|-------------------|-----------------|------|----------|
| Establishment: License/Permit #: Est# | | | | | No. o | | | | Time In: 11:00 AM | | | |
| Establishment: License/Permit #: Est#: Radnor High School 22-372 | | | Pern | Permit Holder:Radnor Township School District Time Out | | | | Time Out: 12 | 2:00 PN | M | | |
| Street Address: 130 King of Prussia Rd | | | | Purp | Purpose of Inspection Risk Category: | | | | | | | |
| City:Wayne State:PA Zip Code:19087 | | | | Rou | Routine 2 Inspections Per Year | | | | | | | |
| | | | | | | | PUB | LIC HEALTH INTERVENTION | IS | | | |
| Select the designated compliance status (IN, OUT, N/O, N/A) for each numbere IN=in compliance OUT=not in compliance N/O=not observed N/A=not applica Mark in the appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation | | | | | | | | | | | | |
| Compliance Status COS | | | | | | R Compliance Status CO | | | | | | OS R |
| Supervision | | | | | | Protection from Contamination | | | | | | |
| 1. | In | Person in charge present, demonstrates knowledge, and | | | Τ | 15. In Food separated and protected 16. In Food-contact surfaces; cleaned and sanitized | | | | | -+- | + |
| 2. | In | performs duties | | | + | 16. 17. | In | | he he | + | | |
| - | L | In Certified Food Protection Manager (CFPM) Employee Health | | | _ | 17. In Proper disposition of returned, previously served, recon and unsafe food | | | | | | |
| 3. | Ι. Ι | Management, food employee and | | _ | T | Time/Temperature Control for Safety | | | | | | |
| <u> </u> | In | knowledge, responsibilities and reporting | | | | 18. In Proper cooking time and temperatures | | | | | | |
| 4. | In | Proper use of restriction and exclu | Proper use of restriction and exclusion | | | 19. | In | Proper reheating procedures for | - | _ | | |
| 5. | In | Procedures for responding to vom | niting and diarrheal even | its | | 20. | In | Proper cooling time and temper | + | _ | | |
| | | Good Hygienia | c Practices | | | 21. | In | Proper hot holding temperatures | + | + | | |
| 6. | In | Proper eating, tasting, drinking, or | r tobacco use | | | 22. | In In | Proper cold holding temperature Proper date marking and dispos | | | + | + |
| 7. | In | No discharge from eyes, nose, an | nd mouth | | | 24. | In | Time as a Public Health Control | | & records | + | + |
| | | Preventing Contamination by Hands | | | | Consumer Advisory | | | | | | |
| 8. | In | Hands clean and properly washed | | | | 25. N/A Consumer advisory provided for raw/undercooked food | | | | oked food | T | T |
| 9. | In | In No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | | Highly Suspectible Populations | | | | | | |
| 10. | In | Adequate handwashing sinks pro | | ssible | | 26. | In | Pasteurized foods used; prohibi | | | T | T |
| | | Approved | Source | | | Food/Color Additives and Toxic Substances | | | | | _ | |
| 11. | In | Food obtained from approved sou | | | Т | 27. | In | Food additives: approved and p | | ounstances | T | _ |
| 12. | N/O | Food received at proper temperature 28. In Toxic substances properly identified, stored, and used | | | | + | + | | | | | |
| 13. | In | Food in good condition, safe, and unadulterated Conformance with Approved Procedures | | | | | | | | | | |
| 14. | N/A | Required records available: shellstock tags, parasite | | | | 29. N/A Compliance with variance/specialized process/HACCP | | | | | | |
| | ,, . | destruction | | GOOD | RET/ | | _ | | | | _ | |
| | | Good Retail Practice | es are preventative mea | sures to con | trol th | e additi | ion of p | athogens, chemicals, and physic | cal objects int | o foods. | | |
| Mark in box if numbered item is not in compliance Mark in appropriate box for | | | | | | | | | | | | |
| | | | | COS | S R | | | | | | С | OS R |
| | Lin | Safe Food a | | | | | _ | 1 | e of Utensil | 5 | _ | _ |
| 30. | In | Pasteurized eggs used where req Water and ice from approved sou | | | +- | 43. | <u> </u> | In-use utensils: properly stored Utensils, equipment & linens: pr | ronorly stored | dried & bondly | | _ |
| 32. | N/A | Variance obtained for specialized | | | + | 45. | | Single-use/single-service article | | | | + |
| | | Food Temperat | · · · · · · · · · · · · · · · · · · · | | | 46. | | Gloves used properly | | | | |
| 33. | In | Proper cooling methods used; ad temperature control | lequate equipment for | | Т | | | Utensils, Equipr | ment and Ve | nding | | |
| 34. | | Plant food properly cooked for ho | t holding | | | 47. | | Food and non-food contact surfa | | e, properly | | |
| 35. | | Approved thawing methods used | | | - | 48. | X | designed, constructed, and user Warewashing facilities: installer | | & used: test st | rins | + |
| 36. | | Thermometers provided & accura Food Identif | | | _ | 40. | | Non-food contact surfaces clear | | a useu, iesi si | nipo | + |
| 37. | | Food properly labeled; original co | | _ | 1 | | - | | I Facilities | | | |
| 0.1 | - | Prevention of Food | | | - | 50. | | Hot and cold water available; ac | | ure | T | T |
| 38. | | Insects, rodents, and animals not | | | T | 51. | | Plumbing installed; proper back | flow devices | | + | |
| 39. | | Contamination prevented during f | | e and | | 52. | | Sewage and waste water prope | rly disposed | | | |
| 40. | <u> </u> | display | | | - | 53. | | Toilet facilities: properly constru | | | | |
| 40. | | Personal cleanliness Wiping cloths: properly used and | stored | | + | 54. | | Garbage & refuse properly disp | | | -+ | |
| 42. | | Washing fruits and vegetables | | | | 55. 56. | - | Physical facilities installed, main Adequate ventilation and lighting | | | + | - |
| 1 | | | | <u> </u> | | | - | | ee Training | | - | |
| mc/13 | 356 (000) | | | ÚA. | \wedge | 57. | | All food employees have food h | | | _ | |
| | \backslash | 02/13/2023 | | 000 | / | 58. | | Allergen training as required | | | | |

Person in Charge (Signature) Date Maureen Pearlingi

Inspector (Signature) Samantha Cooper

Follow-up: Yes X No (Check one)

Follow-up Date:

Establishment Name: Radnor High School

Establishment #: FS-01029

| Water Supply: Municipal Waste Water System: Municipal | | | | | | | | |
|---|-------------------------|---|-------------------|---------------------------------------|--------------------|--|--|--|
| TEMPERATURE AND SANITIZER OBSERVATIONS | | | | | | | | |
| Item/Location Deli/Walk-In Cooler | Temp°F/p 38.3 | pm Item/Location Sandwich/Walk-In Cooler | Temp°F/pp 36.7 | Fruit Cup/Reach-In Refrigeration Unit | Temp°F/ppm 38.9 | | | |
| Chicken Nuggets/Walk-In Freezer | -13 | Burger/Warmer | 140 | Pizza/Warmer | 135 | | | |
| Pasta/Warmer | 138 | Juice/Reach-In Refrigeration Unit | 40 | Steak Meat/Steam Table | 138.2 | | | |
| Salad/Open-Air Refrigeration Unit | 37.1 | Wrap/Open-Air Refrigeration Unit | 36.3 | Smoothie/Chest Refrigerator | 41 | | | |
| Milk/Chest Refrigerator | 36.1 | Soup/Steam Table | 145 | | | | | |

| CFPM Verification (name, expiration date, ID#): | | | | | | | |
|---|-----------------|-----------------|-----------------|--|--|--|--|
| MGR. Exp. Date: | MGR. Exp. Date: | MGR. Exp. Date: | MGR. Exp. Date: | | | | |
| I.D. | I.D. | I.D. | I.D. | | | | |

HACCP Topic:

| GENERAL COMMENTS | | | | | | | |
|-------------------------------------|--|-----------------------|--|--|--|--|--|
| OBSERVATIONS AND CORRECTIVE ACTIONS | | | | | | | |
| Item | Violations cited in this report must be corrected within the timeframes below | Corrected By | | | | | |
| Number | | | | | | | |
| 48 | | [X] Next Routine Insp | | | | | |
| | concentration at mechanical warewashing machine. Provide a test kit or other measuring device so the employees can | | | | | | |
| | measure concentrations and ensure proper sanitization. | | | | | | |