Food Establishment Inspection Report Delaware County Health Dept/Env. Health Division Date: 09/15/2022 No. of Risk Factor/Intervention Violations: 0 1510 Chester Pike Suite 700 No. of Repeat Risk Factor/Intervention Violations: 0 Time In: 11:40 AM Eddystone, PA 19022 (484) 276-2100 License/Permit #: Establishment: Permit Holder: Radnor Township School District 12:10 PM Time Out: Radnor Middle School - Cafeteria **Risk Category:** Purpose of Inspection: Street Address: 150 Louella Ave Routine 2 Inspections Per Year City: Radnor State:PA **Zip Code:** 19087 FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS Select the designated compliance status (IN, OUT, N/O, N/A) for each numbered item Risk factors are important practices or procedures identified as the most N/A = not applicable IN = in compliance **OUT =** not in compliance **N/O =** not observed prevalent contributing factors of foodborne illness or injury. Public health Mark in the appropriate box for COS and/or R
COS = corrected on-site during inspection R = repeat violation interventions are control measures to prevent foodborne illness or injury. **Compliance Status** cos R Compliance Status COS R Supervision **Protection from Contamination** IN Food separated and protected Charge present, demonstrates knowledge, and performs duties 1. IN Food-contact surfaces; cleaned and sanitized 16. Certified Food Protection Manager (CFPM) 17. Proper disposition of returned, previously served, reconditioned 2. IN and unsafe food **Employee Health** Time/Temperature Control for Safety 3. IN Management, food employee and conditional employee; knowledge, responsibilities and reporting 18. Proper cooking time and temperatures Proper use of restriction and exclusion IN Proper reheating procedures for hot holding 19. Procedures for responding to vomiting and diarrheal events 20. N/O Proper cooling time and temperature 5. IN 21. IN Proper hot holding temperatures **Good Hygienic Practices** 22. IN Proper cold holding temperatures Proper eating, tasting, drinking, or tobacco use IN 23. Proper date marking and disposition IN No discharge from eyes, nose, and mouth Time as a Public Health Control; procedures & records 24 IN Preventing Contamination by Hands **Consumer Advisory** Hands clean and properly washed IN Consumer advisory provided for raw/undercooked food No bare hand contact with RTE food or a pre-approved 9. IN alternative procedure properly allowed **Highly Suspectible Populations** 10. IN Adequate handwashing sinks properly supplied and accessible Pasteurized foods used; prohibited foods not offered 26. IN **Approved Source** Food/Color Additives and Toxic Substances 11. IN Food obtained from approved source Food additives: approved and properly used 27. IN 12. N/O Food received at proper temperature 28. IN Toxic substances properly identified, stored, and used Food in good condition, safe, and unadulterated 13 IN **Conformance with Approved Procedures** Compliance with variance/specialized process/HACCP 14. N/A Required records available: shellstock tags, parasite destruction N/A **GOOD RETAIL PRACTICES** Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark in box if numbered item is not in compliance Mark in appropriate box for COS and/or R COS = corrected on-site during inspection cos l cos R Safe Food and Water Proper Use of Utensils Pasteurized eggs used where required IN 30. In-use utensils: properly stored Water and ice from approved source 44 Utensils, equipment & linens: properly stored, dried, & handled Variance obtained for specialized processing methods 32. N/A 45 Single-use/single-service articles: properly stored and used 46 Gloves used properly **Food Temperature Control** Proper cooling methods used; adequate equipment for 33 **Utensils, Equipment and Vending** emperature control 47 Food and non-food contact surfaces cleanable, properly 34. Plant food properly cooked for hot holding designed, constructed, and used 35. Approved thawing methods used Warewashing facilities: installed, maintained, & used; test strips 48 Thermometers provided & accurate 36. 49 Non-food contact surfaces clean **Food Identification** 37. Food properly labeled; original container **Physical Facilities** Hot and cold water available: adequate pressure 50 **Prevention of Food Contamination** 51. Plumbing installed; proper backflow devices 38. Insects, rodents, and animals not present 39. Contamination prevented during food preparation, storage and Sewage and waste water properly disposed 52 display 53 Toilet facilities: properly constructed, supplied, & cleaned 40. 54. Garbage & refuse properly disposed; facilities maintained Wiping cloths: properly used and stored 41 55. OUT Physical facilities installed, maintained, and clear 42 Washing fruits and vegetables 56 Adequate ventilation and lighting; designated areas used **Employee Training** 57. All food employees have food handler training Allergen training as required Follow-up: YES XNO 09/15/2022 Samantha Cooper 8

Inspector (Signature)

Follow-up Date:

EHS ID#

Person in Charge (Signature)

Date

Food Establishment Inspection Report

Establishment Name: Radno	or Middle Schoo	ol - Cafeteria	ороон	-		hment #:	FS-01030		
Water Supply PUBLIC [PRIVATE	Waste Water	System	_ PUBL	IC F	PRIVATE			
		TEMPERATURE AND SA	ANITIZER OBS	ERVATIONS					
Item/Location	Temp/PPM	Item/Location	on	Temp/PPM		Item/L	ocation	Temp/PPM	
Apple Slices/Reach-In Refrigeration Unit	36	Milk/Walk-In Cooler		36	100				
Milk/Chest Refrigeration Unit	38								
Milk/Chest Refrigeration Unit	37								
Sandwich/Open-Air Refrigeration Unit	40								
Chicken Nuggets/Warmer	138								
Carrots/Steam Table	142								
Mac & Cheese/Steam Table	135								
Egg Roll/Warmer	157								
Breadstick/Walk-In Freezer	-13								
		GENERAL (COMMENTS						
	(OBSERVATIONS AND	CORRECTIV	E ACTION	S				
Item Number	Violations cited in this report must be corrected within the timeframes below Corrected								
coved and closed to no large		thirty-second inch).	<u> </u>				cos		
MGR. Exp. Date:	MGR. Exp. Da	ate:	MGR. Ex	o. Date:		MGR.	MGR. Exp. Date:		
HACCP Topic:									
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Person in Charge (Signature)		15/2022 Date	Samantha Inspector (S			8 EHS ID#	Follow-up:		