

Return in 2 wks

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

post-pre-op

IDENTIFICATION

OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>				ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PIC - Dayana				ESTABLISHMENT TRADING NAME Bistro To Go		
NUMBER AND STREET		COUNTY		NUMBER AND STREET		COUNTY
				200 Crossings Blvd		Somerset
MUNICIPALITY		STATE		MUNICIPALITY	ZIP CODE	TELEPHONE NO.
				Bridgewater	08807	732-579-
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)		COMUN. CODE	
						7383

INSPECTION

TYPE OF ESTABLISHMENT <input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER	ESTABLISHMENT CODE	<input type="checkbox"/> INITIAL INSPECTION <input checked="" type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
	GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		11/23/21	11am	1pm

EVALUATION

SATISFACTORY

CONDITIONALLY SATISFACTORY

UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND TELEPHONE NUMBER Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750		INSPECTOR'S NAME AND TITLE Shahira Morell REHS	
		INSPECTOR'S SIGNATURE <i>Shahira Morell</i>	
HEALTH OFFICER Kevin Sumner		INSPECTOR'S PERM. REG. NO. B-164238	

Bridgewater Township Health Department

100 Commons Way
 Bridgewater, NJ 08807
 Phone: (908) 725-6300 ext. 5205
 Email: health@bridgewaternj.gov

RETAIL FOOD INSPECTION REPORT

Activity Type	Evaluation <i>Conditional</i>
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Name of Owner(s), Partnership or Corporation <i>PIC - Dayana</i>	Trade Name <i>Bistro To Go</i>	Reinspection on or After: <i>2 wks</i>			
Establishment Location (Street Address) <i>200 Crossings Blvd</i>	City <i>Bridgewater</i>	Zip Code <i>08807</i>	County <i>Somerset</i>	Co/Mun Code	
Establishment Mailing Address (if different)	Telephone No. <i>732-579-7383</i>	E-mail Address			
Name of Inspecting Official <i>Shahira Morell</i>	REHS Lic. # <i>B-164238</i>	Name of Health Officer <i>Kevin Sumner</i>	Risk Type	License No.	

TIME/ACTIVITY REPORT (Codes: 1-Travel, 2-Inspection, 3-Administration)

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
<i>11/23/21</i>											

FOODBORNE ILLNESS RISK FACTORS AND INTERVENTIONS

RISK FACTORS are improper practices identified as the most common factors resulting in foodborne illness (FBI). INTERVENTIONS are control measures to prevent FBI.

Mark "X" in appropriate Box: IN=In Compliance; OUT=Not in Compliance; NO=Not Observed, NA=Not Applicable; COS=Corrected On-site. R in OUT Box=Repeat Violation.

MANAGEMENT AND PERSONNEL		IN	OUT	N.O.	N/A	COS
1	PIC demonstrates knowledge of food safety principles pertaining to this operation.	<input checked="" type="checkbox"/>				
2	PIC in Risk Level 3 Retail Food Establishments is certified by <i>January 2, 2010</i> .	<input type="checkbox"/>				
3	Ill or injured foodworkers restricted or excluded as required.	<input type="checkbox"/>				
PREVENTING CONTAMINATION FROM HANDS		IN	OUT	N.O.	N/A	COS
4	Handwashing conducted in a timely manner; prior to work, after using restroom, etc.	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
5	Handwashing proper, duration at least 20 seconds with at least 10 seconds of vigorous lathering.	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	<input checked="" type="checkbox"/>				
7	Handwashing facilities provided with warm water, soap and acceptable hand-drying method.	<input checked="" type="checkbox"/>				
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	<input checked="" type="checkbox"/>				
FOOD SOURCE		IN	OUT	N.O.	N/A	COS
9	All foods, including ice and water, from approved sources; with proper records.	<input checked="" type="checkbox"/>				
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction.	<input type="checkbox"/>				
11	PHFs received at 41°F or below. <i>Except: milk, shell eggs and shellfish (45°F).</i>	<input type="checkbox"/>				
FOOD PROTECTED FROM CONTAMINATION		IN	OUT	N.O.	N/A	COS
12	Proper separation of raw meats and raw eggs from ready-to-eat foods provided.	<input checked="" type="checkbox"/>				
13	Food protected from contamination.	<input checked="" type="checkbox"/>				
14	Food contact surfaces properly cleaned and sanitized.	<input type="checkbox"/>				
PHFs TIME/TEMPERATURE CONTROLS		IN	OUT	N.O.	N/A	COS
15	SAFE COOKING TEMPERATURES (Internal temperatures for raw animal foods for 15 seconds) <i>Except: Foods may be served raw or undercooked in response to a consumer order and for immediate service.</i> 130°F for 112 minutes: Roasts or as per cooking chart found under 3.4(a)2; 145°F: Fish, Meat, Pork; 155°F: Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs; 165°F: Poultry; Stuffed fish/meat/or pasta; Stuffing containing fish/meat.	<input type="checkbox"/>				
16	PASTEURIZED EGGS: substituted for shell eggs in raw or undercooked egg-containing foods, i.e. Caesar salad dressing, hollandaise sauce, tiramisu, chocolate mousse, meringue, etc.	<input type="checkbox"/>				
17	COLD HOLDING: PHFs maintained at "Refrigeration Temperatures" (41°F).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
18	COOLING: PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.	<input type="checkbox"/>				
19	COOLING: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.	<input type="checkbox"/>				
20	REHEATING: PHFs rapidly reheated (within 2 hours) in proper facilities to at least 165°F; or commercially processed PHFs heated to at least 135°F prior to hot holding.	<input type="checkbox"/>				
21	HOT HOLDING: PHFs Hot Held at 135°F or above in appropriate equipment. <i>chicken</i>	<input checked="" type="checkbox"/>				
22	TIME as a PUBLIC HEALTH CONTROL: Approval; written procedures; time marked; discarded in 4 hours.	<input type="checkbox"/>				
23	SPECIALIZED PROCESSING METHODS: Approval; written procedures; conducted properly.	<input type="checkbox"/>				
24	HIGHLY SUSCEPTIBLE POPULATIONS: Pasteurized foods used; prohibited foods not offered.	<input type="checkbox"/>				

**RETAIL FOOD INSPECTION REPORT
(CONTINUED)**

Bistro to Go

11/23/21

GOOD RETAIL PRACTICES			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods. OUT=Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box.			
SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION		OUT	COS
25	Hot and cold water available; adequate pressure.		<input type="checkbox"/>
26	Food properly labeled, original container.		<input type="checkbox"/>
27	Food protected from potential contamination during preparation, storage, display. <i>WALK IN FREEZER</i>	X	<input type="checkbox"/>
28	Utensils, spatulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.		<input type="checkbox"/>
29	Raw fruits and vegetables washed prior to serving.		<input type="checkbox"/>
30	Wiping cloths properly used and stored.		<input type="checkbox"/>
31	Toxic substances properly identified, stored and used.		<input type="checkbox"/>
32	Presence of insects/rodents minimized: outer openings protected, animals as allowed.		<input type="checkbox"/>
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).		<input type="checkbox"/>
FOOD TEMPERATURE CONTROL		OUT	COS
34	Food temperature measuring devices provided and calibrated.		<input type="checkbox"/>
35	Thin-probed temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish filets). <i>Needs Batteries</i>	X	<input type="checkbox"/>
36	Frozen foods maintained completely frozen.		<input type="checkbox"/>
37	Frozen foods properly thawed.		<input type="checkbox"/>
38	Plant foods for hot holding properly cooked to at least 135°F.		<input type="checkbox"/>
39	Methods for rapidly cooling PHFs are properly conducted and equipment is adequate.		<input type="checkbox"/>
EQUIPMENT, UTENSILS AND LINENS		OUT	COS
40	Materials, construction, repair, design, capacity, location, installation, maintenance. <i>Replace Equipment</i>	X	<input type="checkbox"/>
41	Equipment temperature measuring devices provided (refrigeration units, etc).	X	<input type="checkbox"/>
42	In-use utensils properly stored.		<input type="checkbox"/>
43	Utensils, single service items, equipment, linens properly stored, dried and handled.		<input type="checkbox"/>
44	Food and non-food contact surfaces properly constructed, cleanable, used.		<input type="checkbox"/>
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.	X	<input type="checkbox"/>
PHYSICAL FACILITIES		OUT	COS
46	Plumbing system properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.		<input type="checkbox"/>
47	Sewage and waste water properly disposed.		<input type="checkbox"/>
48	Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.		<input type="checkbox"/>
49	Design, construction, installation and maintenance proper-floors/walls/ceilings.		<input type="checkbox"/>
50	Adequate ventilation; lighting; designated areas used.		<input type="checkbox"/>
51	Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage and refuse properly maintained.		<input type="checkbox"/>
52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.		<input type="checkbox"/>

Item#	NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)
		<p>PIC - Dayana</p> <p>Note - ONLY a small section of kitchen is in use due to low activity</p> <p>Note - ONLY 2-3 person operation at the moment</p> <p>Mon-Fri 7:30am - 2:30pm</p>
Name of Inspecting Official		Signature of Inspecting Official
Shahira Morell		<i>Shahira Morell</i>
Name and Title of Person Receiving Copy of Report		
<i>[Signature]</i>		

- Bistro Customer Area is not in Full use.

- ONLY Deli Station, Drink Refrigerators, soups & salads served/stored, pre-packaged candies, chips, etc.

Prepackaged

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Bistro to Go

Date

11/23/21

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	→ ISSUED CONDITIONAL ←
17 *	Cold Holding shall be at 41°F or below
8:24-	Ensure the covers remain closed on Bain Marie
3.5f2	Tops to keep product cool, especially during slow service time
41	Provide thermometers for Refrigeration units in
8:24-	Deli Station, Small Dasani - Milk, yogurt Fridge, and
4.2c	where your cakes, yogurt placed in Snapple Fridge.
	Temperature shall be at 41°F or below
21	Hot Holding shall be at 135°F or above
Deli	- chicken was not to temp.
Station	either refrigerate grilled chicken and reheat to order
8:24-	or increase temp. of Hot Holding unit to maintain
3.5f1	Meats, etc at 135°F or above
	Soup Hot Holding Units are Good and to Temperature
21 *	Provide containers w/ Metal/other covers that are sufficient during service
	- plastic wrap is currently used to cover soups
27	Observed walk-in Freezer w/ some items stored on Floor and sticky Floors

Signature of Individual Completing Form

Shahua Morell

Signature of Owner of Facility, Establishment, etc. if required

[Signature]

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Bistro to Go

Date

11/23/21

BRIDGEWATER TOWNSHIP

ISSUED

Item No.	Remarks
	→ CONDITIONAL ←
8:24-	Foods shall be stored 6" OFF the Floor
3.3g	
8:24-4.6c	Non-Food Contact surfaces of equipment shall be kept free of accumulation of Food residue, etc.
35	The food thermometer was available but needs battery Replacement
8:24-	Provide an extra thermometer and batteries in facility
4.2c1	to ensure Foods are cooked to temperature and are maintained at HOT Holding requirements 135°F and above
40	Observed two units that still have not been repaired or replaced - Deli Stations Display Refrigerator and Grab and Go Fridge by Soda units, under Dessert
8:24-	Sign
4.5a	→ Equipment and its components shall be maintained in a state of Repair
45	Observed Dishwasher Room not currently in use, however
8:24-	dishes are being washed by Hand.
4.8a1	Establish Manual ware washing system with current units: 2-compartment sink - WASH = soap + water, Rinse, and Sanitize and air Dry with other sink area
	Sanitizer * Bleach and Water used; Concentration at 100ppm

Signature of Individual Completing Form

Rhonda M. Bell

Signature of Owner of Facility, Establishment, etc. if required

[Signature]