

## BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION					
<b>OWNER INFORMATION</b> <i>(Complete this section only if different from establishment information)</i>			<b>ESTABLISHMENT INFORMATION</b>		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <i>PIC - Jason</i>			ESTABLISHMENT TRADING NAME <i>Buffalo Wild Wings</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>970 US-22</i>		<i>Somerset</i>
MUNICIPALITY		STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
			<i>Bridgewater</i>	<i>08807</i>	<i>908-704</i>
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)		COMUN. CODE	
				<i>9300</i>	
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
<input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER					
		GOODS		TIME - (2400 HOURS)	
		<input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED		DATE	BEGIN
				<i>9/16/22</i>	<i>11AM</i>
					<i>12:30pm</i>
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>		
NAME, ADDRESS AND TELEPHONE NUMBER			INSPECTOR'S NAME AND TITLE		
Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750			<i>Shahira Morell</i>		
			INSPECTOR'S SIGNATURE		
			<i>Shahira Morell</i>		
HEALTH OFFICER			INSPECTOR'S PERM. REG. NO.		
<i>Kevin Sumner</i>			<i>B-164238</i>		

# 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 <b>SATISFACTORY</b>
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Name of Owner(s), Partnership or Corporation	Trade Name <b>Buffalo Wild Wings</b>	Reinspection on or After:		
Establishment Location (Street Address) <b>970 VS-22</b>	City <b>Bridgewater</b>	Zip Code <b>08807</b>	County <b>Somerset</b>	Co/Mun Code
Establishment Mailing Address (if different)	Telephone No. <b>908-704-9300</b>	E-mail Address		
Name of Inspecting Official <b>Shahira Morell</b>	REHS Lic. # <b>B-164238</b>	Name of Health Officer <b>Kevin Sumner</b>	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
9/16/24											

**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 January 2, 2010.	<input checked="" type="checkbox"/>				
3	Ill or injured foodworkers restricted or excluded as required.	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<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"/>		<input 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"/>		<input type="checkbox"/>
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	<input checked="" type="checkbox"/>				<input type="checkbox"/>
7	Handwashing facilities provided with warm water, soap and acceptable hand-drying method.	<input checked="" type="checkbox"/>				<input type="checkbox"/>
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input 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"/>				<input type="checkbox"/>
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction.	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
11	PHFs received at 41°F or below. <i>Except: milk, shell eggs and shellfish (45°F).</i>	<input type="checkbox"/>		<input type="checkbox"/>		<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"/>				<input type="checkbox"/>
13	Food protected from contamination.	<input checked="" type="checkbox"/>				<input type="checkbox"/>
14	Food contact surfaces properly cleaned and sanitized.	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
PHFs TIME/TEMPERATURE CONTROLS		IN	OUT	N.O.	N/A	COS
15	<b>SAFE COOKING TEMPERATURES</b> (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"/>		<input type="checkbox"/>		<input type="checkbox"/>
16	<b>PASTEURIZED EGGS:</b> 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"/>		<input type="checkbox"/>		<input type="checkbox"/>
17	<b>COLD HOLDING:</b> PHFs maintained at "Refrigeration Temperatures" (41°F).	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
18	<b>COOLING:</b> 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"/>		<input type="checkbox"/>		<input type="checkbox"/>
19	<b>COOLING:</b> PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
20	<b>REHEATING:</b> 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"/>		<input type="checkbox"/>		<input type="checkbox"/>
21	<b>HOT HOLDING:</b> PHFs Hot Held at 135°F or above in appropriate equipment.	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
22	<b>TIME as a PUBLIC HEALTH CONTROL:</b> Approval; written procedures; time marked; discarded in 4 hours.	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
23	<b>SPECIALIZED PROCESSING METHODS:</b> Approval; written procedures; conducted properly.	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
24	<b>HIGHLY SUSCEPTIBLE POPULATIONS:</b> Pasteurized foods used; prohibited foods not offered.	<input type="checkbox"/>				<input type="checkbox"/>

**RETAIL FOOD INSPECTION REPORT  
(CONTINUED)**

9/16/22

Buffalo Wild Wings

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.		<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).		<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.		<input type="checkbox"/>
41	Equipment temperature measuring devices provided (refrigeration units, etc).		<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.	X	<input type="checkbox"/>

Item#	NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)
		PIC - JASON Pest Control - Terminix monthly last on 9/7/22 Grease Trap Serviced by United/Russell Reid on 7/5/22 Serve Safe - up to Date Post outside for Customer View - Remove Expired ones at TAKE OUT Area
Name of Inspecting Official		Signature of Inspecting Official
Shahira Morell		Shahira Morell
Name and Title of Person Receiving Copy of Report		
[Signature]		

→ ISSUED SATISFACTORY ←

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# CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Buffalo Wild Wings

Date

9/16/22

BRIDGEWATER TOWNSHIP

Item No.	Remarks
45	Observed temperature gauges of dishwasher not working
4.9e	Replace/Repair to monitor temp of WASH 160 <sup>°F</sup> , Rinse 180 <sup>°F</sup>
52	Observed: Expired serv safe at take out Area * MISSING Hand wash sign in Men's Restroom - MAIN FLOOR - Dining
	- Post an updated serv safe for customer view
6.6	- Post hand wash sign at SINK AREAS - by TAKE OUT and
6.7m	main(customer) Men's restroom
NOTE	Supply a trash can for hand sink in kitchen by dishwasher Area / mozzarella sticks; Fried pickle freezer
NOTE	Reminder to always wash hands before putting on new gloves - Changing Gloves between different tasks

~~ISSUED SATISFACTORY~~

Signature of Individual Completing Form

*Blaine Ford*

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

*[Signature]*