

## 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 - Christine</i>			ESTABLISHMENT TRADING NAME <i>Creme de la Creme</i>											
NUMBER AND STREET <i>908-566-9718</i>		COUNTY	NUMBER AND STREET <i>794 US Route 202</i>		COUNTY <i>Somerset</i>									
MUNICIPALITY		STATE	MUNICIPALITY <i>Bridgewater</i>	ZIP CODE <i>08807</i>	TELEPHONE NO.									
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)		COMUN. CODE										
<b>INSPECTION</b>														
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>										
<input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> POOL <i>splash pad</i> <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER		GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED		TIME - (2400 HOURS) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>DATE</th> <th>BEGIN</th> <th>END</th> </tr> </thead> <tbody> <tr> <td><i>8/5/2021</i></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		DATE	BEGIN	END	<i>8/5/2021</i>					
DATE	BEGIN	END												
<i>8/5/2021</i>														
<b>EVALUATION</b>														
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY														
<b>OFFICIAL(S)</b>														
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>											
NAME, ADDRESS AND TELEPHONE NUMBER  Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750			INSPECTOR'S NAME AND TITLE <i>Patria Timko-Parker REHS</i> <i>Shahira Morell REHS</i>											
			INSPECTOR'S SIGNATURE <i>Patria Timko-Parker / Shahira Morell</i>											
HEALTH OFFICER <i>Kevin Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B1934 / B-164238</i>											

# Bridgewater Township Health Department

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

## RETAIL FOOD INSPECTION REPORT

Activity Type <i>Annual</i>	Evaluation <i>Satisfactory</i>
--------------------------------	-----------------------------------

Name of Owner(s), Partnership or Corporation	Trade Name <i>Crème de la Crème</i>	Reinspection on or After:	
Establishment Location (Street Address) <i>794 Route 202</i>	City <i>Bridgewater</i>	Zip Code <i>08807</i>	County <i>Somerset</i>
Establishment Mailing Address (if different)	Telephone No.	E-mail Address	
Name of Inspecting Official <i>Patricia Timko Parker</i>	REHS Lic. # <i>B1934</i>	Name of Health Officer <i>Kevin Sumner</i>	Risk Type <i>2</i>
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>8/17/11</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 checked="" type="checkbox"/>				
3	Ill or injured foodworkers restricted or excluded as required.	<input checked="" 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"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11	PHFs received at 41°F or below. <i>Except: milk, shell eggs and shellfish (45°F).</i>	<input type="checkbox"/>		<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>			
13	Food protected from contamination.	<input checked="" type="checkbox"/>				
14	Food contact surfaces properly cleaned and sanitized.	<input checked="" 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> <b>130°F for 112 minutes:</b> Roasts or as per cooking chart found under 3.4(a)2; <b>145°F:</b> Fish, Meat, Pork; <b>155°F:</b> Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs; <b>165°F:</b> Poultry; Stuffed fish/meat/or pasta; Stuffing containing fish/meat.	<input type="checkbox"/>		<input checked="" 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 checked="" 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 checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	
23	<b>SPECIALIZED PROCESSING METHODS:</b> Approval; written procedures; conducted properly.	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
24	<b>HIGHLY SUSCEPTIBLE POPULATIONS:</b> Pasteurized foods used; prohibited foods not offered.	<input type="checkbox"/>			<input checked="" type="checkbox"/>	

# CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Crème de la Crème

Date

8/5/2021

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	- SPLASH PAD
8:26- 2.7a	- NO CPO certificate available. CPO currently on Disability. CPO needs to be available to check facility once a week and sign off + document visit
8:26 6.13(vii)	NO DPD test kit. Chemical reading strips indicate $\phi$ chlorine + pH @ 6.2. Visual inspection of chlorine dispenser appears to not be working - not running currently
8:26 3.15	- Chemical storage area needs a NO smoking + chemical storage Hazard Sign. on outside of door
8:26	- Have easy access to First Aid kit
5.3	- Ensure pH + Chlorine is tested every 2 hours and record in log bk
	<u>Posted Unsatisfactory</u>
8:26- 5.2(7)f	AQUATIC FACILITY plan needed onsite

Signature of Individual Completing Form

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