

PIC - Larissa Bontemps

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION

| OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i> | | ESTABLISHMENT INFORMATION | | | |
|--|--------------------|--|--------------------------|------------------------------------|--|
| NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <i>Compass Group USA, Inc</i> | | ESTABLISHMENT TRADING NAME <i>Eurest Dining / Cordis Ball</i> | | | |
| NUMBER AND STREET COUNTY <i>2600 Yorkmont Rd</i> | | NUMBER AND STREET COUNTY <i>430 US Hwy 22</i> | | | |
| MUNICIPALITY <i>Charlotte</i> | STATE <i>NC</i> | MUNICIPALITY <i>Corn Bridgewater</i> | ZIP CODE <i>08807</i> | TELEPHONE NO. <i>9085414813</i> | |
| ZIP CODE <i>28217</i> | COMUN. CODE | ESTABLISHMENT STATE LICENSE NO. (if appl.) | COMUN. CODE | | |

INSPECTION

| | | | | |
|--|---|--|----------------|----------------|
| TYPE OF ESTABLISHMENT <input checked="" type="checkbox"/> RETAIL <i>Corporate</i> <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER | ESTABLISHMENT CODE | <input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i> | | |
| | GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED | TIME - (2400 HOURS) | | |
| | | DATE | BEGIN | END |
| | | <i>8/31/21</i> | <i>11:50am</i> | <i>12:45pm</i> |

EVALUATION

SATISFACTORY CONDITIONALLY SATISFACTORY UNSATISFACTORY

OFFICIAL(S)

| LOCAL BOARD OF HEALTH | INSPECTING OFFICIAL |
|--|--|
| NAME, ADDRESS AND TELEPHONE NUMBER <i>Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750</i> | INSPECTOR'S NAME AND TITLE <i>Shahira Morell / Myawia Akenserey REHS / Intern</i> |
| | INSPECTOR'S SIGNATURE <i>Shahira Morell / Myawia Akenserey</i> |
| HEALTH OFFICER <i>Kevin Sumner</i> | INSPECTOR'S PERM. REG. NO. <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 <i>Satisfactory</i> | | |
| Name of Owner(s), Partnership or Corporation <i>Compass Group USA, Inc</i> | | Trade Name <i>Forest Dining</i> | | Reinspection on or After: |
| Establishment Location (Street Address) <i>2400 Yorkmont Rd</i> | | City <i>Bridgewater</i> | Zip Code <i>08807</i> | County <i>Somerset</i> |
| Establishment Mailing Address (if different) <i>Charlotte</i> | | Telephone No. <i>9085414593</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 <i>3</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 |
|------|------|-------|-------|------|------|-------|-------|------|------|-------|-------|
| | | | | | | | | | | | |

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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | PIC in Risk Level 3 Retail Food Establishments is certified by <i>January 2, 2010</i> . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Ill or injured foodworkers restricted or excluded as required. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | <input 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"/> | <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"/> | <input type="checkbox"/> | <input 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"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 | PHFs received at 41°F or below. <i>Except: milk, shell eggs and shellfish (45°F).</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Food protected from contamination. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Food contact surfaces properly cleaned and sanitized. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | COLD HOLDING: PHFs maintained at "Refrigeration Temperatures" (41°F). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | COOLING: PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within in 2 hours. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19 | COOLING: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21 | HOT HOLDING: PHFs Hot Held at 135°F or above in appropriate equipment. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | TIME as a PUBLIC HEALTH CONTROL: Approval; written procedures; time marked; discarded in 4 hours. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 23 | SPECIALIZED PROCESSING METHODS: Approval; written procedures; conducted properly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24 | HIGHLY SUSCEPTIBLE POPULATIONS: Pasteurized foods used; prohibited foods not offered. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**RETAIL FOOD INSPECTION REPORT
(CONTINUED)**

| 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 checked="" type="checkbox"/> |
| 45 | Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used. | | | <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) |
|-----------------------------|-----------|---|
| 44 | | Ice machine container has black particles inside top surface. When wipe w/ paper towel particles came off. Make sure to properly clean inside all surfaces of machine, especially and ice is consider food to prevent contamination. *ISSUED SATISFACTORY* Serv Safe - Robert Wotanowski exp. 8/10/26 |
| Name of Inspecting Official | | Signature of Inspecting Official |
| Shahira Morell | | <i>Shahira Morell</i> |
| | | Name and Title of Person Receiving Copy of Report |
| | | <i>X</i> <i>Robert Wotanowski</i> |

*email extermination log and grease trap info w/last service date

smorell@bridgewater.nj.gov