

## 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			ESTABLISHMENT TRADING NAME <i>Fortune Cookie</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>41 Old York Rd</i>		<i>Somerset</i>
MUNICIPALITY		STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
			<i>Bridgewater</i>	<i>08807</i>	
ZIP CODE	COMUN. CODE		ESTABLISHMENT-STATE LICENSE NO. (if appl.)	COMUN. CODE	
INSPECTION					
<b>TYPE OF ESTABLISHMENT</b> <input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER		<b>ESTABLISHMENT CODE</b>  <b>GOODS</b> <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED		<input type="checkbox"/> INITIAL INSPECTION <input checked="" type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
				TIME - (2400 HOURS)	
		DATE	BEGIN	END	
		<i>10/28/2022</i>			
EVALUATION					
<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> <b>CONDITIONALLY SATISFACTORY</b> <input type="checkbox"/> UNSATISFACTORY <div style="text-align: center; margin-left: 200px;"><i>2nd reinspection</i></div>					
OFFICIAL(S)					
<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>Patricia Timko Parker</i> <i>R.E.H.S.</i>		
			INSPECTOR'S SIGNATURE <i>Patricia Timko Parker</i>		
HEALTH OFFICER <i>Kevin Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B1934</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 <i>Reinspection</i>		Evaluation <i>Conditional</i>	
Name of Owner(s), Partnership or Corporation <i>Fortune Cookie</i>		Trade Name <i>Fortune Cookie</i>	
Reinspection on or After:			
Establishment Location (Street Address) <i>41 OLD YORK ROAD</i>		City <i>Bridgewater</i>	Zip Code <i>08807</i>
		County <i>Somerset</i>	Co/Mun Code
Establishment Mailing Address (if different)		Telephone No.	E-mail Address
Name of Inspecting Official <i>Patricia Timbó Parker</i>		REHS Lic. # <i>B1934</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
<i>10/28/22</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 type="checkbox"/>	<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 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"/>		
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> 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 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 in 2 hours.	<input type="checkbox"/>		<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
21	<b>HOT HOLDING:</b> PHFs Hot Held at 135°F or above in appropriate equipment.	<input checked="" 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 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"/>	

**RETAIL FOOD INSPECTION REPORT  
(CONTINUED)**

<b>GOOD RETAIL PRACTICES</b>				
<p><b>Good Retail Practices</b> are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.  <i>OUT=Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box.</i></p>				
<b>SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION</b>			<b>OUT</b>	<b>COS</b>
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.	(X)		<input type="checkbox"/>
28	Utensils, spatulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.	(X)		<input checked="" 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.	(X)		<input type="checkbox"/>
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).			<input type="checkbox"/>
<b>FOOD TEMPERATURE CONTROL</b>			<b>OUT</b>	<b>COS</b>
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.	(X)		<input checked="" type="checkbox"/>
<b>EQUIPMENT, UTENSILS AND LINENS</b>			<b>OUT</b>	<b>COS</b>
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.			<input type="checkbox"/>
<b>PHYSICAL FACILITIES</b>			<b>OUT</b>	<b>COS</b>
46	Plumbing system properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.	(X)		<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 align="center"><i>Reinspection - Still Conditionally Satisfactory</i></p> <p align="center"><i>Reinspection again in 1 week</i></p> <p><i>Note: If the violations not abated, a summons will be issued.</i></p>
Name of Inspecting Official		Signature of Inspecting Official
<i>Patricia Timb...</i>		<i>Patricia Timb...</i>
Name and Title of Person Receiving Copy of Report		
<i>Yaxian...</i>		

# CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Fortune Cookie

Date

10/28/22

BRIDGEWATER TOWNSHIP

Conditionally Satisfactory

Item No.	Remarks
	* Reinspection 1 week
6/67	Handwash sink in employee bathroom was obstructed. Handwash to be accessible at all times.
12/33C	Walk-in refrigerator — major issues with storing raw meats on top of produce. PIC to discuss proper food storage with all employees.
27/33Z	Trays of meat in white upright freezer by back door not covered and had an ice build up on them. All food to be stored covered to protect from contamination during storage.
28/33a2	Deli containers in dry food containers. Need scoops — handles up and out. Removed deli containers. (COS)
32/62K	Back door — not a tight seal. Need to prevent entry of rodents/insects.
39/33E	Beef muscle cooling in bowl. PIC told to remove from bowl and rapidly cool on sheet pan. Otherwise, not cooling evenly. (COS)
46/52	Handwash sink in kitchen slow drain and leaking underneath. All plumbing should be in good repair.
	Note: Discussed no smoking onsite of pork belly without proper documentation and lab analysis and local health department approval.

Signature of Individual Completing Form

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