

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

Return 2 wks

IDENTIFICATION

OWNER INFORMATION <small>(Complete this section only if different from establishment information)</small>				ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <i>PIC - Yi Tang Liu</i>				ESTABLISHMENT TRADING NAME <i>Fortune Cookie</i>		
NUMBER AND STREET <i>PIC - Wilson</i>		COUNTY <i>1/10/23</i>		NUMBER AND STREET <i>41 Old York Rd</i>		COUNTY <i>Somerset</i>
MUNICIPALITY		STATE		MUNICIPALITY <i>Bridgewater</i>	ZIP CODE <i>08807</i>	TELEPHONE NO. <i>908-429-</i>
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)		COMUN. CODE <i>8886</i>	

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input type="checkbox"/> INITIAL INSPECTION <input checked="" 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 <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>1/5/23</i>	<i>12pm</i>	

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 <i>- Patricia Trunko-Parker REHS</i> <i>- Shahira Morell</i> REHS
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B1934</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 <i>Conditional</i>
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Name of Owner(s), Partnership or Corporation	Trade Name <i>Fortune Cookie</i>	Reinspection on or After: <i>2 wks</i>
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Establishment Location (Street Address) <i>41 Old York Rd</i>	City <i>Bridgewater</i>	Zip Code <i>08807</i>	County <i>Somerset</i>	Co/Mun Code
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Establishment Mailing Address (if different)	Telephone No.	E-mail Address
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Name of Inspecting Official <i>Shabrina Morell</i>	REHS Lic. # <i>B-164238</i>	Name of Health Officer <i>Kevin Sumner</i>	Risk Type	License No.
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TIME/ACTIVITY REPORT (Codes: 1-Travel, 2-Inspection, 3-Administration)

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
<i>1-5-23</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 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"/>	—
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"/>	<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 (<i>unobstructed</i>).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—	—	<input type="checkbox"/>
7	Handwashing facilities provided with warm water, soap and acceptable hand-drying method.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—	—	<input type="checkbox"/>
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	<input type="checkbox"/>	<input checked="" 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"/>
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction.	<input type="checkbox"/>		<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"/>	<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"/>	—	<input type="checkbox"/>	<input type="checkbox"/>
13	Food protected from contamination.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—	—	<input type="checkbox"/>
14	Food contact surfaces properly cleaned and sanitized.	<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 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"/>
17	COLD HOLDING: PHFs maintained at "Refrigeration Temperatures" (41°F).	<input checked="" 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 2 hours.	<input type="checkbox"/>		<input type="checkbox"/>	<input 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 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 type="checkbox"/>
21	HOT HOLDING: PHFs Hot Held at 135°F or above in appropriate equipment.	<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 type="checkbox"/>
23	SPECIALIZED PROCESSING METHODS: Approval; written procedures; conducted properly.	<input type="checkbox"/>		<input type="checkbox"/>	<input 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"/>

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**RETAIL FOOD INSPECTION REPORT
(CONTINUED)**

Fortune Cookie

1-5-23

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.	X	<input type="checkbox"/>
28	Utensils, spatulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.	X	<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.	X	<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.	X	<input type="checkbox"/>
38	Plant foods for hot holding properly cooked to at least 135°F.		<input type="checkbox"/>
39	Methods for rapidly cooling PHF's 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.	X	<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.	X	<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.	X	<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)
6	6.7n	PIC - Yi Fang Liu Retail Food Inspection conducted as a result of a complaint that eating at Fortune Cookies was a possible cause of Food borne infection Observed hand wash sink in prep area blocked with vegetable crates - Handwashing Facilities shall be accessible at all times
Name of Inspecting Official		Signature of Inspecting Official
Shahira Morell		Shahira Morell
Name and Title of Person Receiving Copy of Report		
Yi Fang Liu, PIC		

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CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
Fortune Cookies	1/5/23

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	NJAC 8:24
7	Observed hand sink in kitchen w/o soap
6.7i	Handwash sinks shall be supplied with soap
8	Observed cook touching ready to eat food w/o gloves
	Observed improper use of gloves - employee did not change gloves between different tasks - touching Foods, washing dishes, touching garbage cans, etc. - Employee did not wash hands before putting on new gloves
3.3a1	- Food employees shall wash hands before food preparation
3.3-3	- " " shall minimize bare hand contact with foods and WASH Hands before putting on gloves
12	Observed improper separation of raw meats and veggies
3.3c	Foods shall be protected from cross contamination by:
13	- Separating Raw animal foods from Ready to eat foods during storage + prep.
27	- separating ^{different types of} Raw animal foods - pork, poultry, beef from each other during storage + prep.
28	Observed bare hand contact w/ready to eat foods
3.3a2	Ensure utensils are used when serving/cooking foods
32	Observed door open to outside food storage upon arrival
6.2n3	Maintain doors closed to prevent potential entry of pests: ^{insects} rodents

Signature of Individual Completing Form <i>Paul Morell</i>	Signature of Owner of Facility, Establishment, etc. if required <i>W. J. ...</i>
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CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Fortune Cookies

Date

1-5-23

BRIDGEWATER TOWNSHIP

Item No.	Remarks
37	Observed Frozen chicken improperly thawed out.
3.5 c	Frozen Foods shall be thawed
1, 2	- in the refrigerator or completely submerged under running water
43	Observed single service containers stored improperly
4.11 e 2	Ensure to go containers are inverted to prevent contamination from dust, pests, etc.
45	The 3 compartment sink was not set up and proper
4.8 a, c	washing, rinsing, and sanitizing when cleaning kitchen equipment ^{for}
48	Observed male customer restroom door not self-closing
6.6 g	Toilet rooms shall not be left open except during cleaning
6.6 f	or maintenance and shall be self-closing

→ ISSUED CONDITIONAL Rating ←

In order to ensure Fortune Cookie corrects these violations the Bridgewater Health Division is requiring that employees handling foods whose native language is Mandarin, attend a food handling safety class in Mandarin. The Health Dept. will email the names of 3 individuals who can be of Service: You have 30 days to schedule these lessons - by Feb 10th

Signature of Individual Completing Form

Frank Morell

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

X W. L. C. 2/1/23

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OF

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PAGES