

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>PIC - Serafin Jose</i>			ESTABLISHMENT TRADING NAME <i>Fratello's D'Leons LLC.</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>1357 Prince Rodgers Ave</i>		<i>Somerset</i>
MUNICIPALITY		STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
			<i>Bridgewater</i>	<i>08807</i>	<i>908-526</i>
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
					<i>5260</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			DATE	BEGIN	END
<input type="checkbox"/> POOL	GOODS		<i>9/16/22</i>	<i>2:15pm</i>	<i>4:15pm</i>
<input type="checkbox"/> CAMP	<input type="checkbox"/> DESTROYED				
<input type="checkbox"/> OTHER	<input type="checkbox"/> EMBARGOED				
EVALUATION					
<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> 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>Shahira Morell</i>		
			INSPECTOR'S SIGNATURE <i>Shahira Morell</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 CONDITIONAL
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Name of Owner(s), Partnership or Corporation		Trade Name Fratello's D'Leons LLC		Reinspection on or After: 2 wks	
Establishment Location (Street Address) 1357 Prince Rodgers Ave		City Bridgewater	Zip Code 08807	County Somerset	Co/Mun Code
Establishment Mailing Address (if different)		Telephone No. 908-526-5260	E-mail Address		
Name of Inspecting Official Shahira Morell		REHS Lic. # B-164238	Name of Health Officer Kevin Sumner		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
9/16/21											

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"/>				

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 type="checkbox"/>	<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"/>				
11 PHFs received at 41°F or below. Except: milk, shell eggs and shellfish (45°F).	<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"/>				
13 Food protected from contamination.	<input checked="" type="checkbox"/>				
14 Food contact surfaces properly cleaned and sanitized.	<input type="checkbox"/>				

PHFs TIME/TEMPERATURE CONTROLS

	IN	OUT	N.O.	N/A	COS
<p>SAFE COOKING TEMPERATURES (Internal temperatures for raw animal foods for 15 seconds)* Except: Foods may be served raw or undercooked in response to a consumer order and for immediate service. 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.</p>	<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"/>				
17 COLD HOLDING: PHFs maintained at "Refrigeration Temperatures" (41°F).	<input checked="" 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"/>				
19 COOLING: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.	<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"/>				
21 HOT HOLDING: PHFs Hot Held at 135°F or above in appropriate equipment.	<input type="checkbox"/>				
22 TIME as a PUBLIC HEALTH CONTROL: Approval; written procedures; time marked; discarded in 4 hours.	<input type="checkbox"/>				
23 SPECIALIZED PROCESSING METHODS: Approval; written procedures; conducted properly.	<input type="checkbox"/>				
24 HIGHLY SUSCEPTIBLE POPULATIONS: Pasteurized foods used; prohibited foods not offered.	<input type="checkbox"/>				

NOTE

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**RETAIL FOOD INSPECTION REPORT
(CONTINUED)**

9/16/22

Fratello's

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.		<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. SCREEN DOOR		<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.	X	<input type="checkbox"/>
35	Thin-probed temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish filets).	X	<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).	X	<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.	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.	X	<input type="checkbox"/>
49	Design, construction, installation and maintenance proper-floors/walls/ceilings.	X	<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)
		PIC-Serafin Diaz - serv Safe exp 8/24/25 Pest Control - Terminix Monthly last on 9/14/22 *NOTE Crease Trap was replaced but still is not completely "set in place" - cement still needs to be flush
Name of Inspecting Official		Signature of Inspecting Official
Shabica Morell		[Signature]
Name and Title of Person Receiving Copy of Report		
[Signature]		

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CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Fratello's

Date

9/16/22

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	NJAC 8:24
6	Observed NO designated hand sink in kitchen prep areas - The sink was leaking water onto
46	Floor and onto Grease Trap.
*	Repair / Replace Sink with 3-Compartment Sink and install a hand sink
*	CONTACT plumbing Dept for guidance in Municipal building
8	Observed no gloves in use when touching ^{cooked} pizzas:
3.3a	Use Tongs / gloves
21	Observed Foods stored on Floor of Walk-in Freezer
3.3g	Foods shall be stored 6" off the Floor
34,35	Observed no Food thermometer on premises
4.2c1	Food thermometer shall be used / provided to ensure SAFE cooking temperatures in item 15
41	Did not observe thermometers inside Refrigerators
4.2c	Provide thermometers to ensure Refrigeration temps of $\leq 41^{\circ}\text{F}$ and place in Front of unit, the warmest area

Signature of Individual Completing Form

John A. [Signature]

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

[Signature]

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Fratello's

Date

9/16/22

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Replace with
45	Observed kitchen sink leaking water: 3-Comp. Sink Review proper washing procedures - Manual
4.8	warewashing: WASH, RINSE, Sanitize - Sanitizer used: Chlorine
4.8 K-	Provide Test strips to ensure solution concentration 50-100ppm: Chlorine Test Strips
48	Bathroom door must be self-closing
6.6 f	- install a spring to keep door closed
49	Observed damaged ceiling tiles in kitchen & storage rooms; damaged walls - with wear + tear
6.5a	Repair / Replace ceiling tiles Resurface Walls Repair Floor by Grease Trap * in process - waiting for funding to finish + complete by next wk
	*Physical Facility shall be maintained in GOOD REPAIR
51	Observed dumpster lid open
5.5	Maintain closed to prevent inviting pests to area.
	Remember to SEND GREASE TRAP Cleaning Receipts to Health Dept 3x's/year by April 30 th Aug 31 st Dec 31 st

Signature of Individual Completing Form

Shah Moell

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

[Signature]