

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

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-Lina</i>		ESTABLISHMENT TRADING NAME <i>Gabriel's Fountain</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>1948 Washington Valley Rd</i>	<i>Somerset</i>	
MUNICIPALITY	STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
		<i>MARTINSVILLE</i> <i>Bridgewater</i>	<i>08836</i>	<i>732-469-</i>
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
				<i>5800</i>

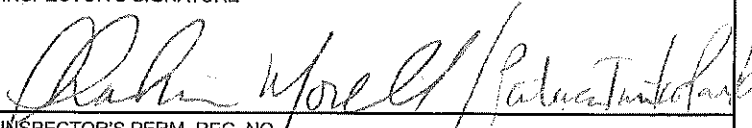
INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <small>(other than initial inspection)</small>		
<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>8/19/22</i>	<i>3:00</i>	<i>4:15</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>Shahira Morell / Patricia Timko Parker</i> REHS REHS
	INSPECTOR'S SIGNATURE 
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B-1104238 / B1934</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 Inspect</i>	Evaluation <i>Satisfactory</i>
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Name of Owner(s), Partnership or Corporation	Trade Name <i>Gabriel's Fountain</i>	Reinspection on or After:
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Establishment Location (Street Address) <i>1948 Washington Valley Rd.</i>	City <i>Martinsville</i>	Zip Code <i>08836</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>Shahira Morell</i>	REHS Lic. # <i>B-164238</i>	Name of Health Officer <i>Kevin Sumner</i>	Risk Type <i>3</i>	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>8/9/2014</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"/>		<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 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, unobstructed.	<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 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 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 type="checkbox"/>		<input checked="" 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"/>
13 Food protected from contamination.	<input checked="" 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"/>

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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
17 COLD HOLDING: PHFs maintained at "Refrigeration Temperatures" (41°F).	<input type="checkbox"/>	<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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input 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"/>
22 TIME as a PUBLIC HEALTH CONTROL: Approval; written procedures; time marked; discarded in 4 hours.	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
24 HIGHLY SUSCEPTIBLE POPULATIONS: Pasteurized foods used; prohibited foods not offered.	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

**RETAIL FOOD INSPECTION REPORT
(CONTINUED)**

8/9/22

Gabriels Fountain

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.	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.		<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.	X	<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.		<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.	X	<input type="checkbox"/>
50	Adequate ventilation; lighting; designated areas used.	X	<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.	X	<input type="checkbox"/>

Item#	NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)
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		Standard Pest Control Serviced Monthly - last on July 18 Grease Trap Serviced by B.M.I. last on 4/18/22 *Reminder to send Grease Trap Service Receipt to Health Dept 3x/yr by April 30, Aug 30, Dec 30
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Name of Inspecting Official <i>Patricia Timko Carter</i>	Signature of Inspecting Official <i>Patricia Timko Carter</i>	Name and Title of Person Receiving Copy of Report <i>[Signature]</i>
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CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)
GABRIEL'S FOUNTAIN

Date 8/9/2022

BRIDGEWATER TOWNSHIP

Item No.	Remarks
6/6-7n	Kitchen (upstairs) hand sink sink obstructed by mop bucket
7/6-7	Downstairs handwash sink needs handwash sign + paper towels
17/35/2	Upstairs kitchen back flip top by exit door temp 51°F. To cold hold @ 41°F or below - PIC to adjust temp or have unit serviced.
32/6-2k + 6-2n	Upstairs + downstairs - presence of sewer gnats + flies. To contact exterminator + treat for insects + ensure outside doors have no gaps.
40/4.5a	Upstairs kitchen low boy reach in by ice cream displays has accumulation of food debris/dirt. Downstairs - walk-in fridge fans have accumulation of white substance - to keep clean.
41/4.2a	All refrigerator units To have thermometers inside to ensure cold holding @ 41°F or below
50/6.3c	Bike to be stored in designated employee area as well as shoes or any personal belongings.
52/8.2	Rating placard to be posted in customer viewable area + ServSafe
51/6.5i	Maintenance equipment to be properly stored. Currently in beverage station closet and disorganized.
49/6.2a	Floors, walls, ceiling clean to sight. Floors have debris

Signature of Individual Completing Form
Patricia...

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