

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>DIC - Kamal J.</i>		ESTABLISHMENT TRADING NAME <i>@ PVA Corp Guckenheimer Services LLC</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>1001 Frontier Rd</i>	<i>Somerset</i>	
MUNICIPALITY	STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
		<i>Bridgewater</i>	<i>08807</i>	<i>908-698-</i>
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
			<i>8109</i>	

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
<input type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input checked="" type="checkbox"/> OTHER <i>Corporate</i>	 <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>3-10-23</i>	<i>12pm</i>	<i>3:45pm</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</i> REHS
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 SATISFACTORY
Reinspection on or After:	

Name of Owner(s), Partnership or Corporation @PVH Corp	Trade Name Guckenheimer Services LLC	Reinspection on or After:		
Establishment Location (Street Address) 1001 Frontier Rd	City Bridgewater	Zip Code 08807	County Somerset	Co/Mun Code
Establishment Mailing Address (if different)	Telephone No.	E-mail Address		
Name of Inspecting Official	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
3/10/23											

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 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"/>
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 checked="" 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"/>
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 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 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 type="checkbox"/>	<input type="checkbox"/>
17	COLD HOLDING: PHFs maintained at "Refrigeration Temperatures" (41°F). SALAD BAR	<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 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 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 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"/>

3-10-23

RETAIL FOOD INSPECTION REPORT

ISSUED ←

Guckedheimer Services (CONTINUED)

SATISFACTORY

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.

Table with columns for item number, description, and compliance status (OUT, COS). Rows include categories like SAFE FOOD AND WATER, FOOD TEMPERATURE CONTROL, EQUIPMENT, UTENSILS AND LINENS, and PHYSICAL FACILITIES.

NOTE

NOTE

Table with columns for Item#, NJAC 8:24, and REMARKS. Contains handwritten notes for item 17 and 40 regarding PIC, pest control, and refrigeration temperatures.

Name of Inspecting Official: Shahira Morell; Signature of Inspecting Official: [Signature]; Name and Title of Person Receiving Copy of Report: [Signature]

*Reminder: Grease Trap Service Receipts/Report shall be sent to Health. Dept 3x's/yr by April 30th, Aug 31st, & Dec 31st

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

ISSUED
SATISFACTORY

Name (Individual, Facility, Establishment, etc.)

Guckenheimer Services

Date

3-10-23

BRIDGEWATER TOWNSHIP

Item No.	Remarks
NJAC 8:24	
31	Observed shelf w/ cleaners and ice buckets by hand wash sink
7.2a2	ensure that products are not in contact w/ ice buckets: ice is considered Food: suggest moving product to bottom shelf for availability + convenience
40	Refrigerator gasket for Coca Cola Fridge is coming off Fridge door
4.5a	Equipment and its components shall be maintained in a state of repair.
50	Observed employee belongings on/in area on shelving unit w/ drinks and single serve items
6.3 c	Designate a separate area for employee belongings to be stored in an orderly way - along w/ employee clothing, i.e. chef jackets, aprons
NOTE - 22	: Ensure Foods are time stamped + discarded in 4 hours in the deli / burger station: observed lettuce, tomatoes, in containers over ice
NOTE - 45	- Observed quaternary sanitizer used - order new test strips - expired ones onsite
NOTE -	post serv safe + license up on wall for customer view
NOTE -	ENSURE maintenance services refrigerators in coffee stations $\leq 41^{\circ}F$ throughout facility + thermometers present to monitor ↑

Signature of Individual Completing Form

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