

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT *Return in 2wks*

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 - Raymond</i>			ESTABLISHMENT TRADING NAME <i>House of Wong</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>475 Union Ave</i>		<i>Somerset</i>
MUNICIPALITY		STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
			<i>Bridgewater</i>	<i>08807</i>	<i>908-685</i>
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
				<i>0357</i>	

INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
			TIME - (2400 HOURS)		
<input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER		<input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	DATE	BEGIN	END
			<i>7/28/22</i>	<i>12:15pm</i>	<i>2:15pm</i>

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	INSPECTOR'S NAME AND TITLE
<i>Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750</i>	<i>Shahira Morell</i>
	INSPECTOR'S SIGNATURE
	<i>Shahira Morell</i>
HEALTH OFFICER	INSPECTOR'S PERM. REG. NO.
<i>Kevin Sumner</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 CONDITIONAL
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Name of Owner(s), Partnership or Corporation	Trade Name House of Wong	Reinspection on or After: 2 WKS		
Establishment Location (Street Address) 475 Union Ave	City Bridgewater	Zip Code 08807	County Somerset	Co/Mun Code
Establishment Mailing Address (if different)	Telephone No. 908-685-0357	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
7/28/22											

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 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, 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 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 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 type="checkbox"/>		—	<input type="checkbox"/>	<input type="checkbox"/>
13	Food protected from contamination.	<input 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 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"/>

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CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

House of Wong

Date

7/28/22

BRIDGEWATER TOWNSHIP

Item No.

NJAC 8:24

Remarks

- b, 7 - During Inspection Kitchen Hand Sink by dishwasher was blocked - covered and used for Food prep area
No soap at this sink
- 2nd Hand sink slightly obstructed - no paper towels available
- b.7 i - Handsinks shall each be supplied w/soap
- b.7 j - Handwash sinks shall be provided w/paper towels
- b.7 n - Hand sinks shall be accessible at ALL times to employees for use
- b.7 o - Hand sinks shall not be used for purposes other than handwashing
- 27 Observed multiple areas used in kitchen for prep/storage of cooked foods, ^{chicken} Raw foods /veggies - with Foods that were not covered and Flies were present in kitchen
- 32 Back Screen Door was in use HOWEVER Large Gaps in door Frame are evident and easy Access for pest entry.
- 27 - Walk-in Freezer + Fridge - Foods stored on Floor
- 3.3 c 1 - Foods shall be protected from cross contamination
- c 1 viii - Store Foods in packages, covered containers, or wrappings
- 3.3 g 1 - Foods shall be protected from contamination by storing in a clean dry location, at least 6 in above the floor, where its not exposed to splash, dust, other contaminants
- b.2 n Ensure Outer openings are closed with tight Fitting doors to protect against ENTRY OF INSECTS, etc.

Signature of Individual Completing Form

Shawn Morell

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

[Signature]

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PAGES

**RETAIL FOOD INSPECTION REPORT
(CONTINUED)**

Bridgewater

House of Wong

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.	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.		<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.	X	<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.	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.		<input type="checkbox"/>
52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.		<input checked="" type="checkbox"/>

DO TAKE IT

REMARKS ("R" = Repeat violation from previous inspection)

Item# NJAC 8:24

PIC - Raymond
 Pest Control - Bowco last serviced April - upcoming usually end of month
 Grease Trap - serviced 6/7/22 - 3 Gr. Traps onsite
 Hoods serviced 4/1/22 - due 8/1/22
 REHS could not access bathroom in kitchen due to narrow walk way blocked by food storage and prepped foods

Name of Inspecting Official Shahira Morell	Signature of Inspecting Official <i>Shahira Morell</i>	Name and Title of Person Receiving Copy of Report <i>[Signature]</i>
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Received Delivery earlier today -

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CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

House of Wong

Date 7/28/22

BRIDGEWATER TOWNSHIP

Item No.	NJAC 8:24	Remarks
43	-	Observed Take out containers stored incorrectly
4.11 e	-	Store inverted
44	-	Observed slight accumulation grease on kitchen hoods and grease on Floor by stoves and Fryer
4.6 c	-	Non-Food Contact Surfaces shall be kept Free OF accumulation OF Food residue, dust, dirt, grease, etc.
6.5 b	-	Physical Facility shall be cleaned as often as necessary to keep them clean.
48	-	Observed Restrooms with doors open
b.6 f	-	Bathrooms shall have self-closing doors and
b.6 g	-	shall not be left open except during cleaning/maintenance
		*DO HAVE POSTED AGAINST ENTRY OF INSECTS
52	-	Did not have a choking prevention poster posted
10.1	-	Display in restaurant for public view - choking prevention
		IN FRONT AREA
NOTE -	b.2 n	Provide Shelving for storage of foods in back kitchen area
		Maintain Access to bathroom and keep door closed.
ISSUED CONDITIONAL		
Return in 2 wks		

Signature of Individual Completing Form

Shawn Morell

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

[Signature]