

## BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION					
<b>OWNER INFORMATION</b> <i>(Complete this section only if different from establishment information)</i>			<b>ESTABLISHMENT INFORMATION</b>		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME <i>KING WING</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>1303 Prince Rodgers Blvd</i>		<i>Somers</i>
MUNICIPALITY		STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
			<i>Bridgewater</i>	<i>08807</i>	
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)		COMUN. CODE	
INSPECTION					
<b>TYPE OF ESTABLISHMENT</b> <input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER		<b>ESTABLISHMENT CODE</b>  <b>GOODS</b> <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED		<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
				<b>TIME - (2400 HOURS)</b>	
		DATE	BEGIN	END	
		<i>2/28/2022</i>			
<b>EVALUATION</b>					
<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> <b>CONDITIONALLY SATISFACTORY</b> <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>		
NAME, ADDRESS AND TELEPHONE NUMBER  Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750			INSPECTOR'S NAME AND TITLE <i>Patricia Timko Parker</i>		
			INSPECTOR'S SIGNATURE <i>Patricia Timko Parker</i>		
HEALTH OFFICER <i>Kevin Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B1934</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 <b>ANNUAL Inspect</b>		Evaluation <b>Conditional</b>	
Name of Owner(s), Partnership or Corporation <b>KING WING</b>		Trade Name <b>KING WING</b>	
Reinspection on or After: <b>3/14/2022 2 weeks</b>			
Establishment Location (Street Address) <b>1303 Prince Rodgers Blvd</b>		City <b>Bridgewater</b>	Zip Code <b>08807</b>
County <b>Somerset</b>		Co/Mun Code	
Establishment Mailing Address (if different)		Telephone No.	E-mail Address
Name of Inspecting Official <b>Patricia Tinko-Parker</b>		REHS Lic. # <b>B1934</b>	Name of Health Officer <b>Kevin Sumner</b>
Risk Type <b>3</b>		License No.	

**TIME/ACTIVITY REPORT (Codes: 1-Travel, 2-Inspection, 3-Administration)**

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
<b>2/28/22</b>											

**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"/>	<input checked="" type="checkbox"/>	—	—	—
2	PIC in Risk Level 3 Retail Food Establishments is certified by January 2, 2010.	<input checked="" type="checkbox"/>		—	<input 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 type="checkbox"/>		<input checked="" 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. Except: milk, shell eggs and shellfish (45°F).	<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 type="checkbox"/>	<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	<b>SAFE COOKING TEMPERATURES</b> (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	<b>PASTEURIZED EGGS:</b> 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	<b>COLD HOLDING:</b> PHFs maintained at "Refrigeration Temperatures" (41°F).	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<b>COOLING:</b> PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within in 2 hours.	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<b>COOLING:</b> 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	<b>REHEATING:</b> 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	<b>HOT HOLDING:</b> PHFs Hot Held at 135°F or above in appropriate equipment.	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<b>TIME as a PUBLIC HEALTH CONTROL:</b> Approval; written procedures; time marked; discarded in 4 hours.	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	<b>SPECIALIZED PROCESSING METHODS:</b> Approval; written procedures; conducted properly.	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24	<b>HIGHLY SUSCEPTIBLE POPULATIONS:</b> Pasteurized foods used; prohibited foods not offered.	<input type="checkbox"/>		—	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**RETAIL FOOD INSPECTION REPORT  
(CONTINUED)**

<b>GOOD RETAIL PRACTICES</b>				
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.				
<b>SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION</b>			<b>OUT</b>	<b>COS</b>
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.	(X)		<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"/>
<b>FOOD TEMPERATURE CONTROL</b>			<b>OUT</b>	<b>COS</b>
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"/>
<b>EQUIPMENT, UTENSILS AND LINENS</b>			<b>OUT</b>	<b>COS</b>
40	Materials, construction, repair, design, capacity, location, installation, maintenance.	(X)		<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.			<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"/>
<b>PHYSICAL FACILITIES</b>			<b>OUT</b>	<b>COS</b>
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.	(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)
		<p align="center">Conditionally Satisfactory Reinspection in 2 weeks. All above violations to be <u>abated</u> prior to reinspection.</p>
Name of Inspecting Official <i>Patricia Timko Parker</i>		Signature of Inspecting Official <i>Patricia Timko Parker</i>
		Name and Title of Person Receiving Copy of Report <i>[Signature]</i>

For violations, see continuation sheet →

# CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

King wing

Date

2/28/2022

BRIDGEWATER TOWNSHIP

Item No.	Remarks
1./2/2	PTC said during inspection that handwash sink in kitchen is not used for handwashing. SAID 3 comp sink or bathroom is used for handwash. PTC should know handwashing is to be done in handwash sink in prep area.
6/670	Handwash sink had bowls in it.
7/671	NO soap or paper towels at the handwash sink.
14/4.7	NO evidence that cutting boards are being sanitized.
27/33g	In walk-in unit in outside back area, 2 cardboard boxes of food on the floor. Food to be stored at least 6" off floor at all times.
30/33m	Dirty wiping cloth directly on cutting board and not in sanitare bucket with sanitizer.
32/6.2n	Back screen door has gaps to allow entry of insects/rodents
40/4.6c	All equipment & doors and handles have a buildup of grease/dirt.
45/4.8a	NO evidence that 3 comp sink is being properly used to wash, rinse, sanitize.

Signature of Individual Completing Form

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

# CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

ELINO WIND

Date

2/28/2022

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	AND NO chlorine test strips available to check for bleach concentration once set-up.
49/6.2	ceiling has dust build-up and tiles not all tight fitting
51/6.5j	Back parking lot has broken/unused equipment that all needs to be removed.
48/6.6h	women's bathroom toilet is not clean.

Signature of Individual Completing Form

*[Handwritten Signature]*

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

*[Handwritten Signature]*