

## 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>Krausers</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>135 Old York Road</i>		<i>Somerset</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>		<b>ESTABLISHMENT CODE</b>		<input checked="" type="checkbox"/> INITIAL INSPECTION	
<input checked="" type="checkbox"/> RETAIL				<input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
<input type="checkbox"/> POOL		<b>GOODS</b>		<b>TIME - (2400 HOURS)</b>	
<input type="checkbox"/> CAMP		<input type="checkbox"/> DESTROYED		DATE	BEGIN
<input type="checkbox"/> OTHER		<input type="checkbox"/> EMBARGOED		<i>1/7/2021</i>	END
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>		
NAME, ADDRESS AND TELEPHONE NUMBER  <i>Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750</i>			INSPECTOR'S NAME AND TITLE <i>Patricia Timko Parker R.E.H.S.</i>		
			INSPECTOR'S SIGNATURE <i>Patricia Timko Parker</i>		
HEALTH OFFICER <i>Kevin Summer</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 <i>Annual Inspection</i>	Evaluation <i>Satisfactory</i>
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Name of Owner(s), Partnership or Corporation		Trade Name <i>Krausers</i>		Reinspection on or After:	
Establishment Location (Street Address) <i>135 OLD YORK ROAD</i>		City <i>Bridgewater</i>	Zip Code <i>08807</i>	County <i>Sumerset</i>	Co/Mun Code
Establishment Mailing Address (if different)		Telephone No.		E-mail Address	
Name of Inspecting Official <i>Patricia Timko Parker</i>		REHS Lic. # <i>B1934</i>	Name of Health Officer <i>Kevin Sumner</i>		Risk Type <i>2</i>
License No.					

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

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
<i>1/7/2021</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 type="checkbox"/>			<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 checked="" type="checkbox"/>		<input 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 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. <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 checked="" 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	<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 type="checkbox"/>	<input checked="" 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 2 hours.					<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	<b>HOT HOLDING:</b> 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	<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>				
<p align="center">Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.  <small>OUT=Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box.</small></p>				
<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.			<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.			<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.			<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.			<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.			<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 type="checkbox"/>
Item#	NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)		
		<p>NOTE: IVO still sandwiches being made at the time of inspection.</p> <p>Hot holding breakfast sandwich @ 135°F</p> <p>milk fridge 44°F</p> <p>Cheese case 40°F</p>		
Name of Inspecting Official		Signature of Inspecting Official		Name and Title of Person Receiving Copy of Report
Patricia Imkopaiker		Patricia Imkopaiker		MPA