

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

*Return in 2wks*

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 <i>PIC - Heba</i>				ESTABLISHMENT TRADING NAME <i>Nathan's</i>		
NUMBER AND STREET		COUNTY		NUMBER AND STREET		COUNTY
				<i>400 Commons Way # 471</i>		<i>Somerset</i>
MUNICIPALITY			STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
				<i>Bridgewater</i>	<i>08807</i>	<i>908-526-</i>
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)		COMUN. CODE	
					<i>4115</i>	

INSPECTION

TYPE OF ESTABLISHMENT <input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION (other than initial inspection)		
	GOODS	TIME - (2400 HOURS)		
	<input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	DATE	BEGIN	END
		<i>11/18/71</i>	<i>12:10pm</i>	

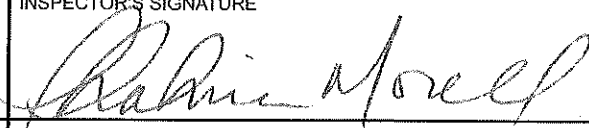
EVALUATION

SATISFACTORY

**CONDITIONALLY SATISFACTORY**

UNSATISFACTORY

OFFICIAL(S)

<b>LOCAL BOARD OF HEALTH</b>		<b>INSPECTING OFFICIAL</b>	
NAME, ADDRESS AND TELEPHONE NUMBER		INSPECTOR'S NAME AND TITLE	
Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750		<i>Shahira Morell</i>  REHS	
HEALTH OFFICER		INSPECTOR'S SIGNATURE	
<i>Kevin Sumner</i>			
		INSPECTOR'S PERM. REG. NO.	
		<i>B-164238</i>	

**CONTINUATION SHEET**  
(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.) <span style="font-size: 1.5em; font-family: cursive;">Nathan's</span>	DATE <span style="font-size: 1.5em; font-family: cursive;">11/18/21</span>
MUNICIPALITY <span style="font-size: 1.5em; font-family: cursive;">Bridgewater</span>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
8.24-5.2a2	Plumbing systems shall be maintained in good repair

8.24-6.5a,	The physical facilities shall be maintained in good repair and cleaned as often as necessary
6.5b	to keep them clean

Refrigeration Temps were good

ISSUED

Conditional

Note Grease Trap Ordinance 175-33  
Send Receipt of Cleaning 3x's a year by  
April 30<sup>th</sup>, Aug 31<sup>st</sup> and Dec 31<sup>st</sup>

\* Serv Safe Certificate: \*  
Need

SIGNATURE OF INDIVIDUAL COMPLETING FORM <span style="font-size: 1.5em; font-family: cursive;">Kathleen Stowell</span>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <span style="font-size: 1.5em; font-family: cursive;">[Signature]</span>
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# CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Nathan's

Date

11/18/21

BRIDGEWATER TOWNSHIP

Item No.	Remarks
27	Observed boxes of hamburger in Freezer stored on F1 and boxes of oil stored on F1
40	Observed walk-in Fridge dripping from vent area; a container has been placed to collect water dripping
46	Back Sink was draining slowly Front Sink has <u>not</u> drained during inspection
49	Observed air conditioning unit on wall by ceiling in disrepair - Ceiling tiles next to air conditioning unit over grill stained - light fixture - replace bulb - Front stove hood observed w/grease and dust accumulation

## Remediation

8:24-6.7i, j Handsinks shall be stocked with soap and paper towels

8:24-3.3g Food Storage - all Foods shall be stored 6" off the Floor,  
away from splash, dust, etc and other contaminants

8:24-4.6c Hoods shall be maintained free of accumulation

8:24-4.5 Equipment and components shall be maintained in good condition

Signature of Individual Completing Form

*Sharon Morell*

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

*[Signature]*

**Bridgewater Township Health Department**

100 Commons Way

Bridgewater, NJ 08807

Phone: (908) 725-6300 ext. 5205

Email: health@bridgewater.nj.gov

*Return in 2wks*

**RETAIL FOOD INSPECTION REPORT**

Activity Type	Evaluation <b>CONDITIONAL</b>
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Name of Owner(s), Partnership or Corporation	Trade Name <b>Nathan's</b>	Reinspection on or After: <b>2wks</b>		
Establishment Location (Street Address) <b>400 Commons Way # 471</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>Shahira Morell</b>	REHS Lic. # <b>B-164238</b>	Name of Health Officer <b>Kevin Sumner</b>	Risk Type	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
11/18/21											

**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 January 2, 2010.	<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 checked="" type="checkbox"/>				<input type="checkbox"/>
7	Handwashing facilities provided with warm water, soap and acceptable hand-drying method. <i>FRONT</i>	<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 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	<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 checked="" type="checkbox"/>		<input 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 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 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 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 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 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 type="checkbox"/>	<input type="checkbox"/>
23	<b>SPECIALIZED PROCESSING METHODS:</b> Approval; written procedures; conducted properly.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<b>HIGHLY SUSCEPTIBLE POPULATIONS:</b> Pasteurized foods used; prohibited foods not offered.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

1-4



**RETAIL FOOD INSPECTION REPORT  
(CONTINUED)**

11/18/21

Nathan's

**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. <i>Freezer, oil</i>	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.		<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, <u>maintenance</u> . <i>walk-in</i>		<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"/>
PHYSICAL FACILITIES		OUT	COS
46	Plumbing system properly installed; safe and in good repair; no potential backflow or backsiphonage conditions. <i>SINKS</i>	X	<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)
7 46		PIC - Exterminator - Western Pest Service monthly service: last was 11/8/21 Grease Trap - last serviced 9/30/21 Front Handwash sink - did not have soap or paper towels and the fixture is leaking when the sink cold water, the sink is also not draining
Name of Inspecting Official		Signature of Inspecting Official
Shahira Morell		<i>Shahira Morell</i>
		Name and Title of Person Receiving Copy of Report
		X <i>H. Nathan's</i>

Note: Grease Trap located under 3-compartment sink