

Bridgewater Township Health Department

100 Commons Way

Bridgewater, NJ 08807

Phone: (908) 725-6300 ext. 5205

Email: health@bridgewaternj.gov

RETAIL FOOD INSPECTION REPORT

| | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------|-------|------|---------------|-------|-------|------|------|------------------------|-------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|-------------|-------------|--|--|--|
| Name of Owner(s), Partnership or Corporation | | | | | Trade Name | | | | | Activity Type | | | | Evaluation | | | | | | | | |
| | | | | | Richard Hall | | | | | Annual | | | | Conditional | | | | | | | | |
| Establishment Location (Street Address) | | | | | City | | | | | Zip Code | | | | County | | | | Co/Mun Code | | | | |
| 500 N Bridge Street | | | | | Bridgewater | | | | | 08807 | | | | Somerset | | | | | | | | |
| Establishment Mailing Address (if different) | | | | | Telephone No. | | | | | E-mail Address | | | | Reinspection on or After: | | | | | | | | |
| Name of Inspecting Official | | | | | REHS Lic. # | | | | | Name of Health Officer | | | | | Risk Type | | | | License No. | | | |
| Patricia Timko-Parker | | | | | B1934 | | | | | Kevin Sumrow | | | | | 2 | | | | | | | |
| TIME/ACTIVITY REPORT (Codes: 1-Travel, 2-Inspection, 3-Administration) | | | | | | | | | | | | | | | | | | | | | | |
| Date | Code | Began | Ended | Date | Code | Began | Ended | Date | Code | Began | Ended | Date | Code | Began | Ended | | | | | | | |
| 4/24/2012 | | | | | | | | | | | | | | | | | | | | | | |
| FOODBORNE ILLNESS RISK FACTORS AND INTERVENTIONS | | | | | | | | | | | | | | | | | | | | | | |
| <p>RISK FACTORS are improper practices identified as the most common factors resulting in foodborne illness (FBI). INTERVENTIONS are control measures to prevent FBI.</p> <p>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.</p> | | | | | | | | | | | | | | | | | | | | | | |
| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| 2 | PIC in Risk Level 3 Retail Food Establishments is certified by January 2, 2010. | | | | | | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| 3 | Ill or injured foodworkers restricted or excluded as required. | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <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 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| 6 | Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed. | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | <input 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 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"/> | <input type="checkbox"/> | <input 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 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 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| 13 | Food protected from contamination. | | | | | | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 | SAFE COOKING TEMPERATURES (Internal temperatures for raw animal foods for 15 seconds) Except: Foods may be served raw or undercooked in response to a consumer order and for immediate service. 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"/> | <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 checked="" 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"/> | <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 checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| 21 | HOT HOLDING: PHFs Hot Held at 135°F or above in appropriate equipment. | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| 23 | SPECIALIZED PROCESSING METHODS: Approval; written procedures; conducted properly. | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Richard Hall

Date

2/29/2022

BRIDGEWATER TOWNSHIP

| Item No. | Remarks |
|----------|---|
| 32/ | Exterminator report available. Was recently out. Evidence of past rodents as seen in spice drawer. To clean + ensure no present rodent activity onsite. |
| 34/ | No food ^{temp} measuring device available. Please obtain a thermometer for measuring temp of food. |
| 45/ | Wash, rinse, sanitize any equipment using 50 ppm chlorine or 200 ppm quat. Ammonia + have test strips onsite. |

Conditionally Satisfactory
to reinspect in 2 weeks

Signature of Individual Completing Form

Patricia White

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

[Signature]