

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>		ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT		ESTABLISHMENT TRADING NAME <i>Seasons 52</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>410 Commons Way</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

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 <i>(other than Initial inspection)</i>			
	GOODS	TIME - (2400 HOURS)			
		DATE	BEGIN	END	
		<i>12/9/2021</i>			
	<input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED				

EVALUATION

SATISFACTORY
 CONDITIONALLY SATISFACTORY
 UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
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> R.E.H.S.
	INSPECTOR'S SIGNATURE 
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 <i>Annual Inspect</i>		Evaluation <i>Satisfactory</i>	
Name of Owner(s), Partnership or Corporation <i>Seasons 52</i>		Trade Name <i>Seasons 52</i>	
Establishment Location (Street Address)		City <i>Bridgewater</i>	Zip Code <i>08807</i>
Establishment Mailing Address (if different)		County <i>Somerset</i>	Co/Mun Code
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>3</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>12/21/2021</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 checked="" type="checkbox"/>				
3	Ill or injured foodworkers restricted or excluded as required.	<input checked="" 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 checked="" type="checkbox"/>				
5	Handwashing proper, duration at least 20 seconds with at least 10 seconds of vigorous lathering.	<input checked="" type="checkbox"/>				
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	<input checked="" type="checkbox"/>				
7	Handwashing facilities provided with warm water, soap and acceptable hand-drying method.	<input checked="" type="checkbox"/>				
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	<input checked="" 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"/>				
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction.	<input type="checkbox"/>			<input checked="" 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"/>		
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"/>				
13	Food protected from contamination.	<input checked="" type="checkbox"/>				
14	Food contact surfaces properly cleaned and sanitized.	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	
17	COLD HOLDING: PHFs maintained at "Refrigeration Temperatures" (41°F).	<input checked="" 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 checked="" type="checkbox"/>		
19	COOLING: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.	<input type="checkbox"/>		<input checked="" 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 checked="" type="checkbox"/>		
21	HOT HOLDING: PHFs Hot Held at 135°F or above in appropriate equipment.	<input checked="" type="checkbox"/>				
22	TIME as a PUBLIC HEALTH CONTROL: Approval; written procedures; time marked; discarded in 4 hours.	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
23	SPECIALIZED PROCESSING METHODS: Approval; written procedures; conducted properly.	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
24	HIGHLY SUSCEPTIBLE POPULATIONS: Pasteurized foods used; prohibited foods not offered.	<input type="checkbox"/>			<input checked="" type="checkbox"/>	

**RETAIL FOOD INSPECTION REPORT
(CONTINUED)**

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.		<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, 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.		<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.		<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)
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40	4.5a	Hood vent has an accumulation of dust. Cleaning frequency of equipment. Posted Satisfactory
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Name of Inspecting Official <i>Patricia Tomko Parker</i>	Signature of Inspecting Official <i>Patricia Tomko Parker</i>	Name and Title of Person Receiving Copy of Report <i>[Signature]</i>
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CONTINUATION SHEET

(for inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

SEASONS 52

Date

12/9/2021

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Note: Grease trap maintained - receipts available.
	Note: Pest control at least once per month. PIC to send most recent receipt.
	Note: Automatic Dishwasher > 180°F at final rinse
	Note: Sewsafe on file ok
	Note: All handwash sinks ok
	Note: All cold holding below 41°F
	Note: Boxes on floor in walk-in. Just received a delivery.
	<u>Bar Area</u>
	Note: Handwash sink ok
	Note: 3 comp sink - chlorine sanitizer. 50ppm + test strips available.

Signature of Individual Completing Form

[Handwritten Signature]

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

[Handwritten Signature]