

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>Steck's Deli</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>325 US 202/206</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	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input checked="" type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
<input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER	GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>2/7/2023</i>		

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> <i>R.E.H.S.</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 Reinspection				Evaluation Satisfactory					
Name of Owner(s), Partnership or Corporation				Trade Name Steck's Deli				Reinspection on or After: 0					
Establishment Location (Street Address) 325 US Rt 202/206				City Bridgewater		Zip Code 08807		County Somerset		Co/Mun Code			
Establishment Mailing Address (if different)				Telephone No.				E-mail Address					
Name of Inspecting Official Katrina Timko Parker				REHS Lic. # B1934		Name of Health Officer Kevin Sumner				Risk Type 3		License No.	
TIME/ACTIVITY REPORT (Codes: 1-Travel, 2-Inspection, 3-Administration)													
Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended		
2/7/2023													
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"/>					
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"/>		<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 checked="" type="checkbox"/>	<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 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 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 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) <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	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 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"/>	
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"/>	<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	HOT HOLDING: 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	TIME as a PUBLIC HEALTH CONTROL: Approval; written procedures; time marked; discarded in 4 hours.							<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 checked="" type="checkbox"/>	<input type="checkbox"/>	
24	HIGHLY SUSCEPTIBLE POPULATIONS: Pasteurized foods used; prohibited foods not offered.							<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**RETAIL FOOD INSPECTION REPORT
(CONTINUED)**

GOOD RETAIL PRACTICES			
<p>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods. <i>OUT=Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box.</i></p>			
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.		<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)
6	6.7d	No existing handwash sink in front deli area - If remodel need to put in a handwash sink. All other violations abated

Name of Inspecting Official <i>Patricia Tinco-Parker</i>	Signature of Inspecting Official <i>Patricia Tinco-Parker</i>	Name and Title of Person Receiving Copy of Report
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POSTED SATISFACTORY