

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION <small>(Complete this section only if different from establishment information)</small>		ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PIC - Jason		ESTABLISHMENT TRADING NAME Thai Kitchen		
NUMBER AND STREET Kim	COUNTY	NUMBER AND STREET 1351 Prince Rodgers Ave	COUNTY	
MUNICIPALITY	STATE	MUNICIPALITY Bridgewater	ZIP CODE 08807	TELEPHONE NO. 908-231-
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	8822

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION (other than initial inspection)		
<input checked="" type="checkbox"/> RETAIL		TIME - (2400 HOURS)		
<input type="checkbox"/> POOL	GOODS	DATE	BEGIN	END
<input type="checkbox"/> CAMP	<input type="checkbox"/> DESTROYED	8/10/21	12:15pm	2:15pm
<input type="checkbox"/> OTHER	<input type="checkbox"/> EMBARGOED			

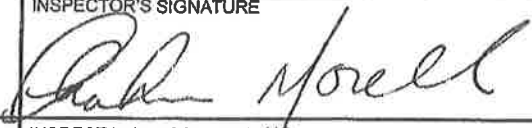
EVALUATION

 SATISFACTORY

 2-wks 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 Shahira Morell REHS
	INSPECTOR'S SIGNATURE 
HEALTH OFFICER Kevin Sumner	INSPECTOR'S PERM. REG. NO. B-164238

Bridgewater Township Health Department

100 Commons Way

Bridgewater, NJ 08807

Phone: (908) 725-6300 ext. 5205

Email: health@bridgewater.nj.gov

RETAIL FOOD INSPECTION REPORT

Activity Type	Evaluation <i>Conditional</i>
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Name of Owner(s), Partnership or Corporation	Trade Name <i>Thai Kitchen</i>	Reinspection on or After: <i>2 wks</i>		
Establishment Location (Street Address) <i>1351 Prince Rodgers Ave</i>	City <i>Bridgewater</i>	Zip Code <i>08807</i>	County	Co/Mun Code
Establishment Mailing Address (if different)	Telephone No.	E-mail Address		
Name of Inspecting Official <i>Shahira Morell</i>	REHS Lic. # <i>B-164238</i>	Name of Health Officer <i>Kevin Sumner</i>	Risk Type	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>8/10/21</i>		<i>12:15</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 January 2, 2010.	<input type="checkbox"/>				
3	Ill or injured foodworkers restricted or excluded as required.	<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"/>		
5	Handwashing proper, duration at least 20 seconds with at least 10 seconds of vigorous lathering.	<input type="checkbox"/>		<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 type="checkbox"/>	<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"/>				
11	PHFs received at 41°F or below. Except: milk, shell eggs and shellfish (45°F).	<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"/>				
13	Food protected from contamination.	<input type="checkbox"/>	<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) 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"/>				
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"/>				
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 in 2 hours.	<input type="checkbox"/>				
19	COOLING: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.	<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"/>				
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"/>				
23	SPECIALIZED PROCESSING METHODS: Approval; written procedures; conducted properly.	<input type="checkbox"/>				
24	HIGHLY SUSCEPTIBLE POPULATIONS: Pasteurized foods used; prohibited foods not offered.	<input 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.	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.	X	<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.	X	<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.	X	<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.	X	<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)
		PIC - JASON - Kim Serv Safe - Swee P Lim exp. 6/3/25 Pest Control - Viking last service 8/3/21 Grease Trap Service - 7/2/21 by D. and W. Alternative Energy, LLC

Name of Inspecting Official <i>Shahira Morell</i>	Signature of Inspecting Official <i>Shahira Morell</i>	Name and Title of Person Receiving Copy of Report X
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CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.) Thai Kitchen

Date 8/10/21

BRIDGEWATER TOWNSHIP

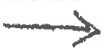
Item No.	- Kitchen _____	Remarks
7	-	Observed No paper towels at Hand Sink and no
32	-	Observed a presence of insects b/c screen door was left open (Flies present)
	-	Fly Strips were placed over prep table/area
37	-	Observed meat in bucket defrosting in sink
	-	" ground meat defrosting in container by freezer
	-	" boxes of duck recently delivered outside of back door.
13	-	Observed multiple food items uncovered and not protected
27	-	from contamination - on shelves, under counters,
	-	eggs in a can
	-	shredded cabbage
	-	2 buckets of noodles
	-	tofu in container by freezer/fridge
	-	multiple foods on top of Bain Marie Shelving
	-	* Very Busy time - LUNCH + TAKE OUT *SO CONSTANTLY COOKING
		Walk-in Fridge _____
27	-	observed multiple food items uncovered + NOT protected from contamination
	-	Raw Meats in containers stored above and around produce

Signature of Individual Completing Form

Shana Yorell

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

X [Signature]



CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Thai Kitchen

Date 8/10/21

BRIDGEWATER TOWNSHIP

Item No.	RAW Remarks
	continued...
27	- observed a piece of (calamari) that fell inside bucket of Broccoli
27	- Observed multiple foods stored on Floor inside walk-in Facilities
49	- Observed multiple ceiling tiles w/ water damage
51	- Observed mops, brooms, buckets outside building to dry ? storage
7	[Observed no Paper towels in customer bathroom Hand DRYER on wall was not working - Observed uncovered garbage in Restroom
Remediation	
8:24	- 6.7 j Hand wash sinks shall be supplied w/ hand drying device
8:24	- 3.3 Foods shall be protected from contamination - by storing 6" above the floor to prevent exposure from splash, dust, or other contamination - cover foods to prevent contamination

Signature of Individual Completing Form

Shawn Noell

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

[Signature]

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

NAME (Individual, Facility, Establishment, etc.) <i>Thai Kitchen.</i>	DATE <i>8/10/21</i>
MUNICIPALITY <i>Bridge water</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
8:24-	6.2 minimize presence of insects - frequently remove insect control devices like Fly ^o strips - maintain screen door shut and in good repair
8:24-	6.5 The physical facilities shall be maintained in a, b good repair
	6.5 f, i Maintenance tools such as brooms, mops shall be stored in an orderly manner and in a position to allow them to air dry
* 8:24-	3.5 c Frozen Foods shall be thawed - in the refrigerator or - completely <u>submerged</u> under cool running water
8:24-	6.6 K Garbage receptacle in bathroom for women shall be covered due to feminine products
	----- issued conditional ----- will return in 2 wks
	* SUGGEST MORE STORAGE / BETTER ORGANIZING in walk-in fridge and cooking area

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Rahn M. Sell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>Oliver</i>
MS-5 10/05	PAGE OF PAGES <i>P. 5</i>