

## 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 <i>PIC - Lyndon G. &amp; Wilkinson</i>		ESTABLISHMENT TRADING NAME <i>The Delaney of Bridgewater</i>		
NUMBER AND STREET <i>A.</i>	COUNTY <i>A.</i>	NUMBER AND STREET <i>901 Frontier Rd</i>	COUNTY <i>Somerset</i>	
MUNICIPALITY	STATE	MUNICIPALITY <i>Bridgewater</i>	ZIP CODE <i>08807</i>	TELEPHONE NO. <i>732-507-</i>
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	<i>5151</i>

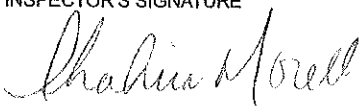
### INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <small>(other than initial inspection)</small>		
<input type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input checked="" type="checkbox"/> OTHER <i>Nursing / Assisted Living</i>	<b>GOODS</b> <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>6/30/22</i>	<i>10:50am</i>	<i>12:10pm</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>Shahira Morell</i>  REHS
	INSPECTOR'S SIGNATURE 
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B-164238</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	Evaluation <b>SATISFACTORY</b>
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Name of Owner(s), Partnership or Corporation	Trade Name <i>The Delaney of Bridgewater</i>	Reinspection on or After:
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Establishment Location (Street Address) <i>901 Frontier Rd</i>	City <i>Bridgewater</i>	Zip Code <i>08807</i>	County <i>Somerset</i>	Co/Mun Code
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Establishment Mailing Address (if different)	Telephone No. <i>732-507-5151</i>	E-mail Address
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Name of Inspecting Official <i>Shahica Morell</i>	REHS Lic. #	Name of Health Officer <i>Kevin Sumner</i>	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
<i>6/30/22</i>		<i>10:50</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"/>			<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 checked="" type="checkbox"/>		<input 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"/>
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.	<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 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	<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 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"/>

**RETAIL FOOD INSPECTION REPORT**

(CONTINUED)

*The Delaney*

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.			<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"/>

NOTE

Item#	NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)
		PIC - Lyndon Gonzalez → ISSUED SATISFACTORY ← Wilkinson Agenes servsafe exp. 4/12/23 Pest Control - Ultra Pro last serviced 6/28/22, 2x/month Grease Trap located outside - Serviced by Russell Reid on 11/5/21, 1/27/22, 4/26/22

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 <i>Lyndon Gonzalez</i>
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NOTE - Grease Trap Receipt to be sent to Health Dept by April 30, Aug 31, and Dec 31<sup>st</sup>

NOTE - BAR Area - observed some residue of wine and a syrup - ENSURE to clean shelves -

NOTE - Post Placard and ServSafe for Resident View