

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		ESTABLISHMENT TRADING NAME <i>Tori Sushi</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>Food Court - Bridgewater Commons Mall</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 type="checkbox"/> INITIAL INSPECTION <i>Preoperational</i> <input 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>12/9/2021</i>		

EVALUATION

NO RATING yet *PASS Preoperational*

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>81934</i>

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Jori Sushi

Date

12/9/2021

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Note: Therm probe thermometer available
	Note: Bleach used to sanitize first steps available.
	Note: HACCP plan submitted and in file
	Note: Fish supplier letter provided
	Note: All cool holding units below 41°F
	Note: Counter top Air Temp for temperature
	Note: Handwash sink. Soap, paper towels, warm hot H ₂ O
	Note: All meter provided
	Okay for lunch food in. Will call for inspection for RATING once ready to open or day of opening

Signature of Individual Completing Form

[Handwritten Signature]

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

[Handwritten Signature]

NEW YORK FISH

HACCP CERTIFICATE OF COMPLIANCE

RE: CERTIFICATION OF COMPLIANCE (HACCP)

FDA REGISTRATION NO: 11277101001

DATE: 01/04/2021

This letter will serve as New York Fish official notification that we continue to operate under the US federal food & drug act

New York fish, in our ongoing effort to deliver the safest, highest quality seafood product to our customers, has conducted a hazard analysis for all product, constructed and implemented a HACCP plan, written and implemented standard sanitation operating procedures (SSOP) and practice current good manufacturing practices (CGMP) as outlined by the U.S. Food & Drug in regulation 21 CFR part 123.

We guarantee that frozen product is supplied has been stored at colder than -4° Fahrenheit for more than seven consecutive days and is therefore fully compliant with federal and state laws meant for raw consumption

Please include this document as part of your HACCP file as a continuing certificate of guarantee of our HACCP compliance

Our HACCP manual is on file at New York Fish office at 19 Anthony Street, Brooklyn, NY, 11222 and is available for inspection at anytime.



Peter M. Chen
HACCP Team Leader

19 ANTHONY STREET
BROOKLYN, NY, 11222
USA

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