



SANITARY INSPECTION REPORT

Will Return in
2-3 wks

IDENTIFICATION					
OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>			ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <i>PIC- Krishna</i>			ESTABLISHMENT TRADING NAME <i>Bagel & Grill</i>		
NUMBER AND STREET			NUMBER AND STREET <i>207 US-22 East</i>		
COUNTY			MUNICIPALITY <i>Green Brook</i>	ZIP CODE <i>08812</i>	
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>732-629-7755</i>	
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>	CO/MUN CODE	
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE	1 <input checked="" type="checkbox"/> INITIAL INSPECTION		
1 <input checked="" type="checkbox"/> RETAIL			2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
2 <input type="checkbox"/> OTHER <i>(Specify):</i>					
3 <input type="checkbox"/>		GOODS	TIME - (2400 HOURS)		
4 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED	DATE	BEGIN	END
		2 <input type="checkbox"/> EMBARGOED	<i>9/24/21</i>	<i>10:30am</i>	<i>12:50pm</i>
EVALUATION					
<input type="checkbox"/> SATISFACTORY		<input checked="" type="checkbox"/> CONDITIONALLY SATISFACTORY		<input type="checkbox"/> UNSATISFACTORY	
OFFICIAL(S)					
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND <i>(print)</i>			NAME OF INSPECTOR <i>Shahira Morell</i>		
			TITLE <i>REHS</i>		
TELEPHONE NUMBER <i>732-968-5151</i>			INSPECTOR'S SIGNATURE <i>Shahira Morell</i>		
NAME OF HEALTH OFFICER <i>Kevin Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B-164238</i>	DATE <i>9/24/21</i>	

RISK-BASED INSPECTION REPORT

Name of Establishment <i>Bagel & Grill</i>	City <i>Green Brook</i>	Date of Inspection <i>9/24/21</i>	Risk Type
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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.	X		----	----	----	
2	PIC in Risk Level 3 Retail Food Establishments is a certified food protection manager.			----		----	
3	Ill or injured foodworkers restricted or excluded as required.				----		
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.			X			
5	Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.			X	----		
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	X		----	----		
7	Handwashing facilities provided with warm water; soap and acceptable hand-drying method.	X		----	----		
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	X					
FOOD SOURCE		IN	OUT	N.O.	N/A	COS	
9	All foods, including ice and water, from approved sources; with proper records			----	----		
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction						
11	PHFs received at 41°F or below. <i>Except: milk, shell eggs and shellfish (45°F)</i>						
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		X	----			
13	Food protected from contamination <i>potatoes + onions on floor</i>	X	X	----	----	X	
14	Food contact surfaces properly cleaned and sanitized	X					
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.						
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.						
17	COLD HOLDING: PHFs maintained at "Refrigeration Temperatures" (41°F)		X				
18	COOLING: PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.						
19	COOLING: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.						
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.						
21	HOT HOLDING: PHFs Hot Held at 135°F or above in appropriate equipment.						
22	TIME as a PUBLIC HEALTH CONTROL: Approval; written procedures; time marked; discarded in 4 hours.						
23	SPECIALIZED PROCESSING METHODS: Approval; written procedures; conducted properly.						
24	HIGHLY SUSCEPTIBLE POPULATIONS: Pasteurized foods used; prohibited foods not offered.			----			
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods. <small>OUT= Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box</small>							
SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION						OUT	COS
25	Hot and cold water available; adequate pressure.						
26	Food properly labeled, original container.						
27	Food protected from potential contamination during preparation, storage, display.				X		
28	Utensils, spatulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.						
29	Raw fruits and vegetables washed prior to serving.						
30	Wiping cloths properly used and stored.						
31	Toxic substances properly identified, stored and used.				X		
32	Presence of insects/rodents minimized: outer openings protected, animals as allowed. <i>FRONT DOOR OPEN</i>				X	X	
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).						

RISK-BASED INSPECTION REPORT (CONTINUED)

Name of Establishment Bagel + Grill		City Green Brook	Date of Inspection 9/24/21	Risk Type	
FOOD TEMPERATURE CONTROL				OUT	COS
34	Food temperature measuring devices provided and calibrated.				
35	Thin-probed temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish filets).				
36	Frozen foods maintained completely frozen.				
37	Frozen foods properly thawed.				
38	Plant food for hot holding properly cooked to at least 135°F.				
39	Methods for rapidly cooling PHFs are properly conducted and equipment is adequate.				
EQUIPMENT, UTENSILS AND LINENS				OUT	COS
40	Materials, construction, repair, design, capacity, location, installation, maintenance.				
41	Equipment temperature measuring devices provided (refrigeration units, etc).			X	
42	In-use utensils properly stored.				
43	Utensils, single service items, equipment, linens properly stored, dried and handled.				
44	Food and non-food contact surfaces properly constructed, cleanable, used.				
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.			X	
PHYSICAL FACILITIES				OUT	COS
46	Plumbing system properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.				
47	Sewage and waste water properly disposed.				
48	Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.			X	
49	Design, construction, installation and maintenance proper-floors/walls/ceilings.			X	
50	Adequate ventilation; lighting; designated areas used.				
51	Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage and refuse properly maintained.			X	
52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.				
Item #	NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)			
		PIC - Krishna * OWNERS are on vacation RETURN NEXT WEEK * Serv Safe ABDESSAMAD REDDAF exp. 5/13/24 Exterminator * Needed - When was last service date? Observed Flies in facility and can of RAID for Fly Killer Observed Front door open when starting inspection Walk-in Fridge Observed eggs stored on top lettuce Observed bag of potatoes, onions stored on FLOOR OBSERVED Bain Marie/Deli Fridge - temp at 45-50°F - Top level Bottom was at 41°F - good			
Name of Inspecting Official		Signature of Inspecting Official		Name and Title of Person Receiving Copy of Report	
Shahira Morell		<i>Shahira Morell</i>		Khatib	

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

NAME (Individual, Facility, Establishment, etc.) <i>Bagel + Grill</i>	DATE <i>9/24/21</i>
MUNICIPALITY <i>Green Brook</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
41	- Did not see thermometers in many units to ensure proper temp. <i>refrigerated</i>
31	Observed various cleaning products in different areas of kitchen, next to some spice jars, and ^{open} container with chiles, and Raid bottle for Fly killer - Poison/toxin
32	Observed Front door open: corrected on site
46	Observed hand sink in Back kitchen not working - needs repair - Slight Foul odor in back room - potentially "sewer" smell from drains
49	Observed food debris on floors by Food prep areas
51	Observed an excessive amount of unnecessary items, equipment not in use and other debris in back kitchen area Maintenance equipment - mops + brooms stored improperly
	Continued →

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Rachel Morell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>[Signature]</i>
PAGE <i>X</i> OF PAGES	H5309

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

NAME (Individual, Facility, Establishment, etc.) <u>Bagel + Grill</u>	DATE <u>9/24/21</u>
MUNICIPALITY <u>Green Brook</u>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<u>Remediation</u>
<u>8:24</u>	- Review Food storage separation/order within Refrigerator
<u>3.3g</u>	Foods shall be stored 6" above floor in clean, dry location, not exposed to splash, dust, etc.
<u>3.5(f)</u>	Refrigeration Temp. maintained at $< 41^{\circ}\text{F}$
<u>4.2 c</u>	Thermometers needed to maintain and <u>monitor</u> temp in Bain Maries, Naked Juice Refrigerator, and walk-in and placed toward Front of Fridge which is warmest area due to opening and closing doors
<u>7.2 a</u>	Place cleaning products in orderly manner in a specific area away from foods not above food equipment, or single service items.
<u>6.2 n</u>	To avoid presence of insects/pests from entering Facility - maintain front door closed, or install a screen door
<u>5.2 a 2</u>	Maintain plumbing/sinks in good repair
<u>6.5 b</u>	Physical facility shall be maintained clean as often as necessary

SIGNATURE OF INDIVIDUAL COMPLETING FORM <u>Rahim Morell</u>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <u>K Patel</u>
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CONTINUATION SHEET
(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.)

Bagel + Grill

DATE

9/24/21

MUNICIPALITY

Green Brook

TEL., CODE or ID NO.

ITEM NO.	REMARKS
8:24 6.5 j	Facility shall be free of items that are not used for the operation/maintenance of business/establishment remove any non-functional, no longer used equipment, litter, debris
6.5 i	Maintenance tools such as brooms, mops, etc shall be stored in an orderly manner, and in a way that will not contaminate food, or equipment
6.6 (f)	Bath Room door needs to be self closing - install mechanism/spring to close door
4.8 (l)	Sanitizing sol'n shall be tested with a kit/test strips (currently Chlorine used as sanitizer)

SIGNATURE OF INDIVIDUAL COMPLETING FORM

Rahma Moell

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED

[Signature]