



# SANITARY INSPECTION REPORT

| IDENTIFICATION   |              |                                      |  |                                      |                       |
|--|--------------|--------------------------------------|--|--------------------------------------|-----------------------|
| OWNER INFORMATION<br><i>(Complete this section only if different from establishment information)</i>   |              |                                      | ESTABLISHMENT INFORMATION  |                                      |                       |
| NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT<br><i>PIC - Annie</i>  |              |                                      | ESTABLISHMENT TRADING NAME<br><i>Dan Zai</i>                                   |                                      |                       |
| NUMBER AND STREET  |              |                                      | NUMBER AND STREET<br><i>299 Rt 22 East</i>                                     |                                      |                       |
| COUNTY   |              |                                      | MUNICIPALITY<br><i>Green Brook</i>   | ZIP CODE<br><i>08812</i>             |                       |
| MUNICIPALITY   |              | STATE                                | COUNTY<br><i>Somerset</i>  | TELEPHONE NO.<br><i>732-624-9330</i> |                       |
| ZIP CODE   | CO/MUN. CODE |                                      | ESTABLISHMENT STATE<br>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<br><i>10/21/21</i>  | BEGIN<br><i>11 Am</i>                | END<br><i>11:50am</i> |
|  |              | 2 <input type="checkbox"/> EMBARGOED |  |                                      |                       |
| EVALUATION   |              |                                      |  |                                      |                       |
| <input checked="" type="checkbox"/> SATISFACTORY <input 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<br><i>Shahira Morell</i>                                     |                                      |                       |
|  |              |                                      | TITLE<br><i>REHS</i>   |                                      |                       |
| TELEPHONE NUMBER<br><i>732-968-5151</i>  |              |                                      | INSPECTOR'S SIGNATURE<br><i>Shahira Morell</i>                                 |                                      |                       |
| NAME OF HEALTH OFFICER<br><i>Kevin Sumner</i>  |              |                                      | INSPECTOR'S PERM. REG. NO.<br><i>B-164238</i>                                  | DATE<br><i>10/21/21</i>              |                       |

## RISK-BASED INSPECTION REPORT

|   |                            |                                       |           |
|---|----------------------------|---------------------------------------|-----------|
| Name of Establishment<br><i>Dan Zai</i> | City<br><i>Green Brook</i> | Date of Inspection<br><i>10/21/21</i> | Risk Type |
|---|----------------------------|---------------------------------------|-----------|

### 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  | X  |     | ---- | ---- |      |     |
| 10  | Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction   | X  |     |      | X    |      |     |
| 11  | PHFs received at 41°F or below. <i>Except: milk, shell eggs and shellfish (45°F)</i>  |    |     | X    |      |      |     |
| 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   | X  |     | ---- | ---- |      |     |
| 14  | Food contact surfaces properly cleaned and sanitized  | X  |     |      |      |      |     |
| 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)<br><i>Except: Foods may be served raw or undercooked in response to a consumer order and for immediate service.</i><br><b>130°F for 112 minutes:</b> Roasts or as per cooking chart found under 3.4(a)2;<br><b>145°F:</b> Fish, Meat, Pork; <b>155°F:</b> Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs;<br><b>165°F:</b> Poultry; Stuffed fish/meat/or pasta; Stuffing containing fish/meat. |    |     | X    |      |      |     |
| 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.   |    |     |      | X    |      |     |
| 17  | <b>COLD HOLDING:</b> PHFs maintained at "Refrigeration Temperatures" (41°F)   | X  |     |      |      |      |     |
| 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.  |    |     | X    |      |      |     |
| 19  | <b>COOLING:</b> PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.  |    |     | X    |      |      |     |
| 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.  |    |     | X    |      |      |     |
| 21  | <b>HOT HOLDING:</b> PHFs Hot Held at 135°F or above in appropriate equipment.   |    |     | X    |      |      |     |
| 22  | <b>TIME as a PUBLIC HEALTH CONTROL:</b> Approval; written procedures; time marked; discarded in 4 hours.  |    |     |      |      |      |     |
| 23  | <b>SPECIALIZED PROCESSING METHODS:</b> Approval; written procedures; conducted properly.  | X  |     |      |      |      |     |
| 24  | <b>HIGHLY SUSCEPTIBLE POPULATIONS:</b> Pasteurized foods used; prohibited foods not offered.  |    |     | ---- |      |      |     |
| GOOD RETAIL PRACTICES   |   |    |     |      |      |      |     |
| <p><b>Good Retail Practices</b> are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.<br/> <small>OUT= Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box</small></p> |   |    |     |      |      |      |     |
| 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.  |    |     |      |      |      |     |
| 32  | Presence of insects/rodents minimized: outer openings protected, animals as allowed.  |    |     |      |      |      |     |
| 33  | Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).  |    |     |      |      |      |     |

**RISK-BASED INSPECTION REPORT  
(CONTINUED)**

|   |   |                            |                                       |            |            |
|---|---|----------------------------|---------------------------------------|------------|------------|
| Name of Establishment<br><i>Dan Zai</i> |   | City<br><i>Green Brook</i> | Date of Inspection<br><i>10/21/21</i> | Risk Type  |            |
| <b>FOOD TEMPERATURE CONTROL</b>         |   |                            |                                       | <b>OUT</b> | <b>COS</b> |
| 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.  |                            |                                       |            |            |
| <b>EQUIPMENT, UTENSILS AND LINENS</b>   |   |                            |                                       | <b>OUT</b> | <b>COS</b> |
| 40                                      | Materials, construction, repair, design, capacity, location, installation, maintenance.   |                            |                                       |            |            |
| 41                                      | Equipment temperature measuring devices provided (refrigeration units, etc).  |                            |                                       |            |            |
| 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.  |                            |                                       |            |            |
| <b>PHYSICAL FACILITIES</b>              |   |                            |                                       | <b>OUT</b> | <b>COS</b> |
| 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.  |                            |                                       |            |            |
| 49                                      | Design, construction, installation and maintenance proper-floors/walls/ceilings.  |                            |                                       |            |            |
| 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)   |
|-------------|-------------|---|
|             |             | <i>PIC - Annie De Moura serv safe 6/25/23</i>   |
|             |             | <i>Exterminator - Viking Pest Control monthly</i>   |
| <i>27</i>   |             | <i>Observed foods stored on floor in walk-in Fridge/Freezer and Storage Room</i>  |
|             | <i>3.3g</i> | <i>Foods shall be store 6" OFF FI to avoid splash, dust, and other contaminants</i>   |
|             |             |   |
|             |             | <i>Observed Dumpster open and minimal food debri on ground</i>  |
| <i>5.5o</i> |             | <i>Maintain dumpsters closed and surroundings clean and Free from Debri to avoid attracting rodents and other Pests to area</i> |

|  |   |   |
|--|---|---|
| Name of Inspecting Official<br><i>Shahira Morell</i> | Signature of Inspecting Official<br><i>Shahira Morell</i> | Name and Title of Person Receiving Copy of Report<br><i>[Signature]</i> |
|--|---|---|