



SANITARY INSPECTION REPORT

Return 2+ 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 PIC - on			ESTABLISHMENT TRADING NAME Green Lake Restaurant		
NUMBER AND STREET			NUMBER AND STREET 19 US - 22 E		
COUNTY			MUNICIPALITY Green Brook	ZIP CODE 08812	
MUNICIPALITY		STATE	COUNTY Somerset	TELEPHONE NO. 732-497-0873	
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)	CO/MUN CODE	
INSPECTION					
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify): 3 <input type="checkbox"/> 4 <input type="checkbox"/>		ESTABLISHMENT CODE		1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION (other than initial inspection)	
		GOODS		TIME - (2400 HOURS)	
		1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED		DATE	BEGIN
				10/12/22	11:30am
					2pm
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 (print)			NAME OF INSPECTOR Shahira Morell		
			TITLE BEHS		
TELEPHONE NUMBER 732-968-5151			INSPECTOR'S SIGNATURE Shahira Morell		
NAME OF HEALTH OFFICER Kevin Sumner			INSPECTOR'S PERM. REG. NO. B-164238	DATE 10/12/22	

RISK-BASED INSPECTION REPORT

Issued ←
Conditional

Name of Establishment <i>Green Lake Restaurant</i>	City <i>Green Brook</i>	Date of Inspection <i>10/12/22</i>	Risk Type <i>3</i>
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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.	X		----	----	----
3	Ill or injured foodworkers restricted or excluded as required.			X	----	
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.					
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					
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		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.	X				
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.

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.		
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.	X	
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).		

1-5

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

ISSUED
Conditional ←

Name of Establishment <i>Green Lake Restaurant</i>		City <i>Green Brook</i>	Date of Inspection <i>10/12/22</i>	Risk Type <i>3</i>	
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.			X	
43	Utensils, single service items, equipment, linens properly stored, dried and handled.				
44	Food and non-food contact surfaces properly constructed, cleanable, used.			X	
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.				
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.				
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)
		PIC - on
		Pest Control - Western Pest Service monthly last on Sept 13
		Grease Trap Serviced by ARP Environmental Sol'n's last on 9/13/22
		Exhaust System Cleaned 8/01/22 exp. 2/1/23
		Serv Safe: N. Mui exp. 8/17/24
		T. Mui exp. 8/17/24
		T. Mei exp. 7/2/25
7		Kitchen - Employee bathroom no paper towels available - Hand Wash sink in prep Area did not have soap.

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>han f</i>
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2-5

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

ISSUED

→ Conditional ←

NAME (Individual, Facility, Establishment, etc.) Green Lake Restaurant	DATE 10/12/22
MUNICIPALITY Green Brook	TEL., CODE or ID NO.

ITEM NO.	REMARKS
NJAC 8:24	uncovered
B, 27	- Kitchen - Observed multiple containers of foods - RAW - out of refrigeration for Food prep: chicken, Fish, shrimp
3.5c2	Thaw Foods under running water: Water temp $\leq 70^{\circ}\text{F}$ to agitate and allow loose particles to be removed as water overflows
3.5b	Thaw Frozen foods in Refrigerator
	* Prep smaller portions of Raw Foods to avoid bacterial growth as Food is out of Refrigeration temp of $\leq 41^{\circ}\text{F}$
	- Observed foods stored on Floor of Walk-in Freezer and dry storage room - Fish left out to Dry over cleaned trays/pans
	- Observed uncovered food items w/in refrigeration units
	- Observed Fly strip over uncovered - Raw container of fish on prep table by kitchen handwash sink
3.3g	Food storage requirements -
	Foods shall be protected from contamination at least 6in above the floor in a clean dry location, not exposed to splash, dust, etc

SIGNATURE OF INDIVIDUAL COMPLETING FORM K. Murphy	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED h. j.
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(for Inspections, Surveys, Audits, etc.)

ISSUED

CONDITIONAL ←

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MUNICIPALITY Green Brook	TEL., CODE or ID NO.

ITEM NO.	REMARKS
NJAC 8:24	
28	Observed employee use bare hand to place tea ingredients into tea pot for customers
3.3 a 2-	provide a scoop / spoon to serve / place dry tea into pots
42	Observed incorrect container used as a scooper for dry ingredients in storage room: plastic take out containers used and left inside of product
3.3 k 1	- provide proper scoops and scoop handles shall be kept above ^{Food} product when in container
41	Observed Refrigerators w/out thermometers inside units - kitchen -
4.2 c	Provide thermometers and place/hang them towards the front of Fridge to ensure temperature of $\leq 41^{\circ}F$
44	Observed inside of ice machine with black mold-like substance - ice is considered Food
	- Observed inside of Refrigerators with food stuff/debris on bottom - inside base of units
	Freezer Units in back room - by boiler w/ slight debris on top
	Shelves of dry storage room w/ debris, food stuff
	Resurface / clean shelves

SIGNATURE OF INDIVIDUAL COMPLETING FORM Robin Howell	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED [Signature]
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ISSUED

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

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MUNICIPALITY Green Brook		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	NJAC 8:24
46b, c	Food and Non-Food contact surfaces shall be kept free of accumulation of dust, dirt, Food residue, etc.
49	Observed lots of water on Floor by 3-Compartment sink and grease trap - WAS Floor Tile replaced? Angle for drainage Observed soiled Floors in Food storage Room, and tea making station - missing tile
6.5 a	Physical facility shall be kept in good repair and
b	cleaned as often as necessary to keep them clean
51	Observed dumpsters uncovered and boxes, debris on ground and oil container with grease on cover
5.5 m	Dumpsters shall be kept covered to prevent attraction of pests
5.5 o	Dumpster area shall be kept clean and Free of unnecessary items.

ISSUED
CONDITIONAL

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Ram Morell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>[Signature]</i>
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