



# SANITARY INSPECTION REPORT

Return w/in 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 - Joey Assante		ESTABLISHMENT TRADING NAME Mr. Assante Pizza	
NUMBER AND STREET 908 - 120 - 4535 cell		NUMBER AND STREET 201 US. 22 E	
COUNTY		MUNICIPALITY Green Brook	ZIP CODE 08812
MUNICIPALITY	STATE	COUNTY Somerset	TELEPHONE NO. 732-968-3515
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>	CO/MUN CODE

INSPECTION			
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER <i>(Specify):</i>  3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE	1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
		TIME - (2400 HOURS)	
	GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	DATE 8/27/21	BEGIN 1:30pm

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 Shahira Morell	
		TITLE REHS	
TELEPHONE NUMBER 732-968-5151		INSPECTOR'S SIGNATURE <i>Shahira Morell</i>	
NAME OF HEALTH OFFICER Kevin Sumner		INSPECTOR'S PERM. REG. NO. B-164238	DATE 8/27/21

## RISK-BASED INSPECTION REPORT

Name of Establishment <i>Mr. Assante Pizza</i>	City <i>Green Brook</i>	Date of Inspection <i>8/27/21</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	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					
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	<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> <b>130°F for 112 minutes:</b> Roasts or as per cooking chart found under 3.4(a)2; <b>145°F:</b> Fish, Meat, Pork; <b>155°F:</b> Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs; <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.						
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.						
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.						
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.</p> <p><i>OUT= Not in Compliance; COS=Corrected On-site; For "Repeat" Violation; Mark "R" in OUT Box</i></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 <i>Mr. Assante Pizza</i>	City <i>Green Brook</i>	Date of Inspection <i>8/27/21</i>	Risk Type
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FOOD TEMPERATURE CONTROL			OUT	COS
34	Food temperature measuring devices provided and calibrated.		X	
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. <i>mixing spoon while cooking</i>		X	
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.			
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 = Joey Assante ← serv safe exp. 11/26/23</i>
		<i>Exterminator - Viking Pest Control - Last serviced 8/12/21 comes monthly</i>
		<i>Grease Trap - Cleaned weekly on Sundays by establishment</i>
<i>76.7e</i>		<i>Observed hand wash sink in back Kitchen Food prep area w/o Hot/warm water - only cold water * Fix/Repair sink to provide Hot/warm water to ensure for employees to properly wash hands in hand sink</i>
		<i>- Observed employee wash hands in 3-compartment sink</i>

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>X [Signature]</i>
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**CONTINUATION SHEET**  
(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.) <i>Mr. Assante Pizza</i>	DATE <i>8/27/21</i>
MUNICIPALITY <i>Green Brook</i>	TEL., CODE or ID NO. <i>732-968-3515</i>

ITEM NO.	REMARKS	(RTE Foods)
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8	Reminder * Avoid Bare hand contact w/ ready to eat Foods like lettuce, tomato, etc.	
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8:24-3	3(a)2 *USE tongs /gloves	
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12	Observed Frozen Red Meat in Bainie Marie being thawed in container next to RTE foods - lettuce, tomatoe, Red ONION - SALAD FIXINGS Holding Area	
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8:24 3	3(c)1 Food shall be protected From CROSS CONTAMINATION by separating raw animal foods from any Ready-to-eat foods during Storage, preparation holding, display Bainie Marie - Kitchen	
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13 27	Observed Raw chicken in container stored <u>incorrectly</u> on top shelf over <u>open</u> containers of sauce/dressing peas, powder cheese, <u>raw</u> shrimp	
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	Observed incorrect storage in walk Refrigerator of Raw meats and produce along with some open containers.	
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	Observed improper cover/wrapping of food in walk-in - several containers of pasta covered with towels.	
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SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Shawn Morell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>[Signature]</i>
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**CONTINUATION SHEET**  
(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.) <i>Mr. Assante Pizza</i>	DATE <i>8/27/21</i>
MUNICIPALITY <i>Green Brook</i>	TEL., CODE or ID NO. <i>732-968-3515</i>

ITEM NO.	REMARKS
51	Observed mops and brooms improperly stored
17	Observed Reach in Fridge by coffee Machine back RM of temp @ 50°F - Storing some drinks and milk
	Observed Bain Maries in Front Kitchen out of temp above 43°F and top cover open w/ pizza toppings
*	Foods shall be kept at Refrigeration Temps of <u>41°F</u> or below when cold holding - maintain top of Baine Marie closed to ensure proper cooling / cold temps.
41 * 8.24.4.2	Ensure Refrigerators have a thermometer inside towards the front, which is the warmest part of Fridge, due to opening & closing, to ensure temperatures of 41°F or below
34	Ensure you are using food thermometers to reach and monitor proper cooking temperature
42	Observed spoon for mixing/stirring stored <sup>directly</sup> on stovetop - which was being used
8.24 B.3K	* store in a clean, protected location →

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Shahin Morell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>[Signature]</i>
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**CONTINUATION SHEET**  
(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.) <i>Mr. Assante Pizza</i>	DATE <i>8/27/21</i>
MUNICIPALITY <i>Green Brook</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
45	<p>Did not have sanitizer test strips in use and on site</p> <p>* purchase sanitizer strips to ensure correct</p> <p>8:24:4.8 (d) disinfection range - since Chlorine is being used</p> <p>* Range 50 - <u>100</u> ppm</p> <p align="center">———— ISSUED</p> <p align="center">CONDITIONAL</p> <p align="center">Will return in 2 wks</p> <p>* Review proper storage of Foods in Refrigeration units</p> <p>* Highly suggest Rearrange order of Food storage in walk-in</p> <p>* Sea Food TAGS *</p> <p>8:24-3.2 r2 * Use a record keeping system that keeps tags in Chronological order</p>

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