



SANITARY INSPECTION REPORT

IDENTIFICATION					
OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>			ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME <i>Out Back Steak House</i>		
NUMBER AND STREET			NUMBER AND STREET <i>125 Hwy 82 W</i>		
COUNTY		MUNICIPALITY <i>Green Brook</i>		ZIP CODE	
MUNICIPALITY		STATE <i>Somerset</i>	COUNTY	TELEPHONE NO.	
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE	
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input 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 checked="" type="checkbox"/>		GOODS		TIME - (2400 HOURS)	
4 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
		2 <input type="checkbox"/> EMBARGOED		<i>5/18/21</i>	<i>14:30</i>
				<i>15:00</i>	<i>15:00</i>
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> <i>Middle-Brook Reg. Health Comm</i> <i>111 Green Brook Rd</i> <i>Green Brook NJ</i>			NAME OF INSPECTOR <i>Robert Key</i>		
			TITLE <i>Sr. REHS</i>		
TELEPHONE NUMBER <i>(732) 968-5151</i>			INSPECTOR'S SIGNATURE <i>Robert Key</i>		
NAME OF HEALTH OFFICER <i>M. G. Summer</i>			INSPECTOR'S PERM. REG. NO. <i>B-1649</i>	DATE	

RISK-BASED INSPECTION REPORT

Name of Establishment OUT BACK	City Green Brook	Date of Inspection 5/12/27	Risk Type 3
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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. N/O Food Prep yet			X	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.			----	----	
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	
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	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.			X		
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.				X	
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.	X			R	
19	COOLING: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.	X				
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.			X		
21	HOT HOLDING: PHFs Hot Held at 135°F or above in appropriate equipment.	X		R		
22	TIME as a PUBLIC HEALTH CONTROL: Approval; written procedures; time marked; discarded in 4 hours.				X	
23	SPECIALIZED PROCESSING METHODS: Approval; written procedures; conducted properly.				X	
24	HIGHLY SUSCEPTIBLE POPULATIONS: Pasteurized foods used; prohibited foods not offered.			----	X	

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.		
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).		

