



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 - Stelios aka Steven K.			ESTABLISHMENT TRADING NAME Diner, Park 22 / Previously sunset		
NUMBER AND STREET 335 Rt 22E			NUMBER AND STREET Diner		
COUNTY		MUNICIPALITY Green Brook		ZIP CODE 08812	
MUNICIPALITY		STATE	COUNTY Somerset	TELEPHONE NO. 732-356-2674	
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)	CO/MUN CODE	
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION	
1 <input checked="" type="checkbox"/> RETAIL				2 <input checked="" type="checkbox"/> REINSPECTION (other than initial inspection)	
2 <input type="checkbox"/> OTHER (Specify):		GOODS		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		10/3/22	1:45pm
					4: Open
EVALUATION					
<input type="checkbox"/> SATISFACTORY		<input checked="" type="checkbox"/> CONDITIONALLY SATISFACTORY		<input type="checkbox"/> UNSATISFACTORY	
<i>Remains</i>					
OFFICIAL(S)					
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND (print)			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 10/3/22	

RISK-BASED INSPECTION REPORT

Remains Conditional

Name of Establishment <i>Park 22 Diner</i>	City <i>Green Brook</i>	Date of Inspection <i>10/3/22</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.			----	----	----
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	----	----	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			----	----	
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 <i>walk-in</i>		X	----	----	
13	Food protected from contamination			----	----	
14	Food contact surfaces properly cleaned and sanitized					

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.
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.		
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).		

1-4

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

Remains Conditional

Name of Establishment <i>Park 2 Diner</i>		City <i>Green Brook</i>	Date of Inspection <i>10/3/22</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, <u>maintenance</u> .				X
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, <u>cleanable</u> , used.				
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.				X
47	Sewage and waste water properly disposed.				
48	Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.				
49	Design, construction, installation and <u>maintenance</u> 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 - *INITIAL CONDITIONAL PLACARD NOT posted FOR customer view			
		Pest Control by Pest-Gone LLC monthly, last on Sept 27 th			
Repeat 7	6.7i, j	At start of inspection there was no hand soap available in kitchen/employee hand sinks - COS			
		* ENSURE SOAP + paper towels are available to stock sinks			
Repeat 12, 13, 27		Observed Kitchen Walk-in Fridge w/ improper food storage			
		Raw Foods over ready to eat Foods			
	3.3c	* Review Proper Storage of Foods on shelves in Refrigerator			
		- Bain Marie in Front kitchen had Raw Food over RTE Foods			
Name of Inspecting Official <i>Shahira Morell</i>		Signature of Inspecting Official <i>[Signature]</i>		Name and Title of Person Receiving Copy of Report <i>[Signature]</i>	

Note
Repeat
Repeat
Repeat

Repeat
Repeat

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

Remains
Conditional

NAME (Individual, Facility, Establishment, etc.) Park 22 Diner	DATE 10/3/22
MUNICIPALITY Green Brook	TEL., CODE or ID NO.

ITEM NO.	REMARKS
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Repeat	<p>→ <u>Basement Walk-in Fridge</u> w/ lots of water accumulation on Floor - Employees Remove water Frequently but there is an uncontrollable amount that comes into unit</p> <p>- Unit fans have dust/black mold like substance on surface</p> <p>- Observed uncovered containers of Raisins, chocolate chips</p> <p>Whole Melon w/ some mold on exterior in box on lower shelf</p>
3.3g	<p>* Foods shall be stored in a clean, dry location, at least 6" OFF the Floor, where it's NOT EXPOSED to splash, dust, & other contaminants</p> <p>- Clean unit + Remove water <u>MORE</u> Frequently</p> <p>- Increase height of shelving</p> <p>- Remove molded Foods</p> <p>- Provide <u>CLOSED</u> containers For raisins, chocolate, etc.</p> <p>HIGHLY SUGGEST</p> <ul style="list-style-type: none"> • Repairing other WALK-IN Fridge in Basement to put into use • Clean + sanitize unit before use

40	Kitchen -
44	Lots of New equipment has been installed but is not currently working - other equipment will be replaced: Baine Marie
Repeat	<p>- Kitchen Hoods with accumulation of grease, dust</p> <p>- Ice Machine has accumulation of dust on exterior Filter, and pink + black mold like substance inside unit</p> <p>(ice is considered Food) Ensure Food + Non Food contact surfaces are kept clean</p>

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Shah Moell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED
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CONTINUATION SHEET
(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.) Park 22 Diner	DATE 10/3/22
MUNICIPALITY Green Brook	TEL., CODE or ID NO.

ITEM NO.	REMARKS
NJAC 8:24	
6.5ab	Physical facilities shall be maintained in good repair and cleaned as often as necessary
<i>Repeat</i> 46	Plumbing system shall be maintained in good repair
5.2a2	Kitchen Hand Sink and 3-Compartment Sink Fixtures are not sufficient and Need to be repaired/replaced
<i>Repeat</i> 49	Observed areas of facility - kitchen basement needing maintenance of Floors, walls, ceilings
<i>Repeat</i> 51	Observed dumpster lids open upon arrival Ensure they are closed throughout the day
Remains Conditional	

SIGNATURE OF INDIVIDUAL COMPLETING FORM Frank Morell	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED
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