



SANITARY INSPECTION REPORT

Return 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 <i>PIC - William</i>			ESTABLISHMENT TRADING NAME <i>Pizza Brothers</i>		
NUMBER AND STREET			NUMBER AND STREET <i>34 US-22</i>		
COUNTY			MUNICIPALITY <i>Green Brook</i>	ZIP CODE <i>08812</i>	
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>	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 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	BEGIN	END
		2 <input type="checkbox"/> EMBARGOED	<i>10/28/21</i>	<i>2:30pm</i>	
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 <i>Shahira Morell</i>		
			TITLE <i>REHS</i>		
TELEPHONE NUMBER <i>732-968-5151</i>			INSPECTOR'S SIGNATURE <i>Shahira Morell</i>		
NAME OF HEALTH OFFICER <i>Kevin Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B-164238</i>	DATE <i>10/28/21</i>	

RISK-BASED INSPECTION REPORT

Name of Establishment <i>Pizza Brothers</i>	City <i>Green Brook</i>	Date of Inspection <i>10/28/21</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.		X	----		----
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.					
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					
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.			X		
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.					
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).		

RISK-BASED INSPECTION REPORT (CONTINUED)

Name of Establishment <i>Pizza Brothers</i>		City <i>Green Brook</i>	Date of Inspection <i>10/28/21</i>	Risk Type		
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.					
43	Utensils, single service items, equipment, linens properly stored, dried and handled.					
44	Food and non-food contact surfaces properly constructed, cleanable, used. <i>Max's</i>				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.				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 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.				X	
Item #	NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)				
		<i>PIC - William</i>				
		<i>Exterminator - Act Fast Pest Control - monthly service</i>				
<i>48</i>	<i>note</i>	<i>Bathroom Needs to be Self-Closing</i>				
<i>7</i>		<i>- Hand Sinks need to have Soap and paper towels</i>				
<i>46</i>		<i>[Kitchen hand sink is leaking from bottom</i>				
		<i>Needs Repair</i>				
<i>27</i>		<i>Walk-in Refrigerator has A couple of boxes stored on</i>				
		<i>Fl. * Foods shall be stored 6" OFF the Fl</i>				
Name of Inspecting Official		Signature of Inspecting Official		Name and Title of Person Receiving Copy of Report		
<i>Shahira Morell</i>		<i>Shahira Morell</i>		<i>William Padilla-Solano</i>		

Return in

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

2 wks

NAME (Individual, Facility, Establishment, etc.) Pizza Brothers		DATE 10/28/21
MUNICIPALITY Green Brook		TEL., CODE or ID NO.

ITEM NO.	REMARKS
41	Refrigerators in kitchen and pizza prep area need thermometers - Temp to be $\leq 41^{\circ}\text{F}$
40	Note: Resurface The Top / Cover of White Freezer - Rusted spots observed
44	Observed Stove Hoods with accumulation of Grease - Must be cleaned
51	Dumpsters did not have covers on - Keep dumpsters closed *CONTACT Landlord to get Dumpsters Replaced by company
52	Inspection Placard shall be posted for view of customers

ASAP - Serv Safe Certification required *Previously attended can complete online: www.servsafe.com town provided class

Remember to wash hands with soap and water between tasks and before putting on gloves

ISSUED Conditional

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Robin Yorell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>William Radilla Solano</i>
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