



# 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 <i>PIC - Steven, Stewart</i>		ESTABLISHMENT TRADING NAME <i>Sunset Diner</i>	
NUMBER AND STREET		NUMBER AND STREET <i>335 Rt 22 E</i>	
COUNTY		MUNICIPALITY <i>Green Brook</i>	ZIP CODE <i>08812</i>
MUNICIPALITY	STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>732-356-2674</i>
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	<input checked="" type="checkbox"/> INITIAL INSPECTION	
		2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
		GOODS	
		TIME - (2400 HOURS)	
		DATE	BEGIN
		<i>8/15/22</i>	<i>12:30pm</i>
			END
			<i>3:45pm</i>
1 <input type="checkbox"/> DESTROYED			
2 <input type="checkbox"/> EMBARGOED			

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>8/15/22</i>
		DATE <i>8/15/22</i>

# RISK-BASED INSPECTION REPORT

ISSUED  
Conditional

Name of Establishment <b>Sunset Diner</b>	City <b>Green Brook</b>	Date of Inspection <b>8/15/22</b>	Risk Type <b>3</b>
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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			\	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 <b>WALK-IN</b>		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	<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.					
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.					
19	<b>COOLING:</b> PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.					
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.					
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

**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.	X	
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).		

1-5



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

Issued  
Conditional ←

Name of Establishment <b>Sunset Diner</b>		City <b>Green Brook</b>	Date of Inspection <b>8/15/22</b>	Risk Type <b>3</b>	
<b>FOOD TEMPERATURE CONTROL</b>				<b>OUT</b>	<b>COS</b>
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.				
<b>EQUIPMENT, UTENSILS AND LINENS</b>				<b>OUT</b>	<b>COS</b>
40	Materials, construction, repair design, capacity, location, installation, maintenance.			X	
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.				
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.				
<b>PHYSICAL FACILITIES</b>				<b>OUT</b>	<b>COS</b>
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.			X	
50	Adequate ventilation; lighting; designated areas used.			X	
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)			
		PIC - Steven Koniarellis - servsafe exp. 5/10/26			
32		Upon Arrival - Back kitchen door was held wide open w/o a screen door - This door w/ screen window has about an inch + gap on bottom thus allowing easy access for insects and other pests entry - Evidence of insects <sup>FLYING</sup> in kitchen Area - Fly strips up in multiple areas - Could NOT supply evidence of pest control service during inspection			
	6.2K	Presence of insects shall be controlled and minimized			
	6.2 n3	Outer openings shall be protected against entry of insects + other pests			
Name of Inspecting Official		Signature of Inspecting Official		Name and Title of Person Receiving Copy of Report	
Shahira Morell		Shahira Morell		[Signature]	

2-5

CONTINUATION SHEET

ISSUED

(for Inspections, Surveys, Audits, etc.)

Conditional

Name (Individual, Facility, Establishment, etc.)

Sunset Diner

Date

8/15/22

BRIDGEWATER TOWNSHIP

Item No.	NJAC 8:24	Remarks
4, 7	Kitchen - Hand Sinks shall be labeled and ONLY used for	washing hands
Prep Area	- ONE sink did not have soap in front of dishwasher area	- Back kitchen does NOT have "proper" handsink - 3-comp. sink was used for handwashing
46	- 3 Compartment Sink -	plumbing - Faucet needs repair/to be replaced
12	Walk in Fridge Upstairs kitchen	
13	- Review proper storage of Foods placed on shelving	uncovered Raw chicken is stored over uncovered mozzarella balls
27	Raw chicken over sea food	Observed stored Foods on Floor (of <sup>walk in</sup> Freezer and in Fridge & Kitchen)
uncovered	Basement -	- observed open bag of pancake mix in front of motors
uncovered	opened raisins, chocolate chips stored in basement walk in - Pusted	Shelves
-	Walk-in Fridge Basement	
	has 1/2 - 1" of water on Floor - Puddle	
	Foods on shelves <sup>look like they are</sup> NOT affected by water damage	
	Fan and Ceiling has black + white mold like substance	
3.3c	Foods shall be protected from cross contamination	
3.3g	Foods shall be stored in a clean, DRY location, at least 6" off	
9	Floor where NOT exposed to Splash, Dust, other contaminants	
3.3	ice machine - ice considered food - Clean + SANITIZE inside	

Signature of Individual Completing Form

*Shawn Moore*

Signature of Owner of Facility, Establishment, etc. if required

*[Signature]*



CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

ISSUED

CONDITIONAL

Name (Individual, Facility, Establishment, etc.)

Sunset Diner

Date

8/15/22

BRIDGEWATER TOWNSHIP

Item No.	Remarks
40	NJAC 8:24 Observed one door of Fridge unit w/ baked goods on top - in Front AREA - Door on left does not close completely Temp was ok Kitchen Bain Marie - in Front of Stove / waffle station is NOT working - currently top was used to hold Lettuce, tomato, cheese, onions, as needed. *ENSURE TO Discard & Replace these items every 4 hours
41	Observed accumulation of grease, dust, etc on Kitchen hoods Observed some refrigeration units without thermometers - Place thermometers inside units towards Front which is warmest area
49	Observed areas of kitchen <sup>and basement</sup> needing maintenance of Floors, walls, ceilings
6.5a,b	Physical Facilities shall be mainted in good repair and cleaned as often as necessary to keep them clean
51	Observed dumpster covers open upon arrival - Maintain waste recepticles w/ tight Fitting lids to prevent attracting pests to area
52	Restrooms - are in need of employee must wash hand signs All Hand WASH sinks for employees need to be labeled and used for handwashing only.

Signature of Individual Completing Form

*Dubin M. Farrell*

Signature of Owner of Facility, Establishment, etc. if required

*[Signature]*

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

NAME (Individual, Facility, Establishment, etc.)	Sunset Diner	DATE	8/15/22
MUNICIPALITY		TEL., CODE or ID NO.	

ITEM NO.	REMARKS
	NJAC 8:24
40	Food & Non-Food Contact Surfaces of equipment shall be kept free of accumulation of DUST, dirt, Food RESIDUE, and other debris. - Ensure inside refrigerator units, door handles, counters, etc are cleaned often to keep them clean.
50	Observed employee belongings in multiple areas of the kitchen - phones, keys, book bags, etc.
6.3d	
6.3c	Designated area required for employee belongings to be stored in an orderly manner to prevent contamination of Food, equipment, etc.

ISSUED  
CONDITIONAL

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