



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 PIC - Maelena Islas		ESTABLISHMENT TRADING NAME Subway (Walmart)	
NUMBER AND STREET PIC - Gustavo		NUMBER AND STREET 1501 US Hwy 22	
COUNTY		MUNICIPALITY Watchung	ZIP CODE 07069 07805
MUNICIPALITY	STATE	COUNTY Somerset	TELEPHONE NO. 908-769-1212
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl.)	CO/MUN CODE

INSPECTION			
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify): 3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION (other than initial inspection)	
		TIME - (2400 HOURS)	
		DATE 10/8/21	BEGIN 3:15pm

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 (print)	NAME OF INSPECTOR Shahira Morell	
	TITLE REHS	
TELEPHONE NUMBER 732-968-5151	INSPECTOR'S SIGNATURE Shahira Morell	
NAME OF HEALTH OFFICER Kevin Sumner	INSPECTOR'S PERM. REG. NO. B-164238	DATE 10/8/21

RISK-BASED INSPECTION REPORT

Name of Establishment <i>Subway @ Walmart</i>	City <i>Watchung</i>	Date of Inspection <i>10/8/21</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.			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.	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.						
17	COLD HOLDING: PHFs maintained at "Refrigeration Temperatures" (41°F)	X	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.			X			
21	HOT HOLDING: PHFs Hot Held at 135°F or above in appropriate equipment.	X					
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							
<p>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</p>							
SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION						OUT	COS
25	Hot and cold water available; adequate pressure. <i>Hand Sink in Front Prep Area</i>					X	
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).						

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

Name of Establishment <i>Subway @ Walmart</i>		City <i>Watching</i>	Date of Inspection <i>10/8/21</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.				<input checked="" type="checkbox"/>	
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, cleanable, used.					
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used. <i>SINKS</i>				<input checked="" type="checkbox"/>	
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. <i>employee belongings</i>				<input checked="" type="checkbox"/>	
51	Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage and refuse properly maintained.				<input checked="" type="checkbox"/>	
52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.				<input checked="" type="checkbox"/>	
Item #	NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)				
7		<i>Observed Employee hand wash sink in back rm w/o paper towels and NO employee</i>				
52		<i>hand wash sign</i>				
45		<i>Sanitizing sol'n was high - Observed the sink not working - so a container is used instead</i>				
40		<i>Observed another sink by mop area with sink fixture damaged - not in use</i>				
51		<i>- observed ANOTHER refrigerator in back rm not in use - but will be removed</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>Gustavo Pirin</i>		

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

NAME (Individual, Facility, Establishment, etc.) Subway @ Walmart	DATE 10/8/21
MUNICIPALITY Watchung	TEL., CODE or ID NO.

ITEM NO.	REMARKS
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50	Observed personal belongings in multiple locations of storage spaces, some things on top of shelves, boxes,
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17	Observed Refrigerator under toaster oven in prep area @ 56°F
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25	Observed hand sink in Front prep area Not getting hot and with low water pressure
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8:24	Remediation - Things to Fix -
3.5 f2	- Ensure refrigeration is at 41°F and below

8:24	6.7j - Hand sinks shall be provided with hand drying device (Paper towels)
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8:24	5.1 Water shall be hot and have sufficient h ₂ O water pressure to all equipment
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4.5 a	Equipment shall be maintained in a state of Repair and in good condition
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SIGNATURE OF INDIVIDUAL COMPLETING FORM Shahi Noor	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED Y. Gustavo Pirix
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CONTINUATION SHEET
(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.) <i>Subway @ Walmart</i>		DATE <i>10/8/21</i>
MUNICIPALITY <i>Watchung</i>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
<i>8.24-6.3</i>	<i>Lockers or other suitable facilities shall be provided for the orderly storage of employees possessions</i>
<i>6.5</i>	<i>After use, Mops shall be placed in a position to allow to air dry</i>
	<i>Maintenance tools like mops, brooms, shall be stored in an orderly manner.</i>
<i>6.6j</i>	<i>Provide a handwash sign at sink "Wash hands before returning to work"</i>
<i>8.12</i>	<i>Post inspection placard and servSafe signs for the public to view.</i>

Issued Satisfactory

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Chad Morell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>X</i>
PAGE <i>4</i> OF <i>4</i> PAGES	<i>Guillermo Pirin</i>