



# SANITARY INSPECTION REPORT

\* Return in 2wks

| IDENTIFICATION   |              |   |  |
|--|--------------|---|--|
| OWNER INFORMATION<br><i>(Complete this section only if different from establishment information)</i> |              | ESTABLISHMENT INFORMATION   |  |
| NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT<br><i>PIC - Pedro Herrera</i>                      |              | ESTABLISHMENT TRADING NAME<br><i>T.G.I. Friday's</i>                                |  |
| NUMBER AND STREET  |              | NUMBER AND STREET <i>Blue Star Shopping Center</i><br><i>1701 US. 22 W Watchung</i> |  |
| COUNTY   |              | MUNICIPALITY<br><i>Watchung</i>   | ZIP CODE<br><i>07069</i>               |
| MUNICIPALITY   | STATE        | COUNTY<br><i>Somerset</i>   | TELEPHONE NO.<br><i>(908) 322-2376</i> |
| ZIP CODE   | CO/MUN. CODE | ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>                                   | CO/MUN CODE                            |

| INSPECTION  |   |  |                         |
|---|---|--|-------------------------|
| TYPE OF ESTABLISHMENT<br>1 <input checked="" type="checkbox"/> RETAIL<br>2 <input type="checkbox"/> OTHER <i>(Specify):</i><br><br>3 <input type="checkbox"/><br>4 <input type="checkbox"/> | ESTABLISHMENT CODE  | 1 <input checked="" type="checkbox"/> INITIAL INSPECTION<br>2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i> |                         |
|   |   | TIME - (2400 HOURS)  |                         |
|   | GOODS<br>1 <input type="checkbox"/> DESTROYED<br>2 <input type="checkbox"/> EMBARGOED | DATE<br><i>10/1/21</i>   | BEGIN<br><i>12:45pm</i> |
|   |   |  | END<br><i>3:45pm</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<br><i>Shahira Morell</i>     |
|   | TITLE<br><i>REHS</i>                           |
| TELEPHONE NUMBER<br><i>732-968-5151</i>       | INSPECTOR'S SIGNATURE<br><i>Shahira Morell</i> |
| NAME OF HEALTH OFFICER<br><i>Kevin Sumner</i> | INSPECTOR'S PERM. REG. NO. <i>B-161238</i>     |
|   | DATE<br><i>10/1/21</i>                         |

## RISK-BASED INSPECTION REPORT

|  |                         |                                      |                        |
|--|-------------------------|--------------------------------------|------------------------|
| Name of Establishment<br><b>TGI Friday's</b> | City<br><b>Watchung</b> | Date of Inspection<br><b>10/1/21</b> | Risk Type<br><b>30</b> |
|--|-------------------------|--------------------------------------|------------------------|

### 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.   | 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  | <b>SAFE COOKING TEMPERATURES</b> (Internal temperatures for raw animal foods for 15 seconds)<br><i>Except: Foods may be served raw or undercooked in response to a consumer order and for immediate service.</i><br><b>130°F for 112 minutes:</b> Roasts or as per cooking chart found under 3.4(a)2;<br><b>145°F:</b> Fish, Meat, Pork; <b>155°F:</b> Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs;<br><b>165°F:</b> Poultry; Stuffed fish/meat/or pasta; Stuffing containing fish/meat. | X  |     |      |      |      |     |
| 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.   |    |     |      | X    |      |     |
| 17  | <b>COLD HOLDING:</b> PHFs maintained at "Refrigeration Temperatures" (41°F) <i>Basic Mince Top</i>  | X  | 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.  |    |     | X    |      |      |     |
| 19  | <b>COOLING:</b> PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.  |    |     | X    |      |      |     |
| 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.  |    |     | X    |      |      |     |
| 21  | <b>HOT HOLDING:</b> PHFs Hot Held at 135°F or above in appropriate equipment.   |    |     | X    |      |      |     |
| 22  | <b>TIME as a PUBLIC HEALTH CONTROL:</b> Approval; written procedures; time marked; discarded in 4 hours.  |    |     |      | X    |      |     |
| 23  | <b>SPECIALIZED PROCESSING METHODS:</b> Approval; written procedures; conducted properly.  |    |     |      | X    |      |     |
| 24  | <b>HIGHLY SUSCEPTIBLE POPULATIONS:</b> Pasteurized foods used; prohibited foods not offered.  |    |     | ---- | X    |      |     |
| GOOD RETAIL PRACTICES   |   |    |     |      |      |      |     |
| <p><b>Good Retail Practices</b> are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.<br/>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.  |    |     |      |      |      |     |
| 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).  |    |     |      |      |      |     |

## RISK-BASED INSPECTION REPORT (CONTINUED)

|  |   |  |                                      |  |                                     |  |
|--|---|--|--------------------------------------|--|-------------------------------------|--|
| Name of Establishment<br><b>TGI Friday's</b>         |   | City<br><b>Watchung</b>  | Date of Inspection<br><b>10/1/21</b> | Risk Type<br><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). <b>Batteries</b>                         |  |                                      |  | <input checked="" type="checkbox"/> |  |
| 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.   |  |                                      |  |                                     |  |
| 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. <b>Ecolab</b>                                  |  |                                      |  | <input checked="" type="checkbox"/> |  |
| <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.   |  |                                      |  |                                     |  |
| 47   | Sewage and waste water properly disposed.   |  |                                      |  |                                     |  |
| 48   | Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.  |  |                                      |  | <input checked="" type="checkbox"/> |  |
| 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. |  |                                      |  | <input checked="" type="checkbox"/> |  |
| 52   | All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.  |  |                                      |  |                                     |  |
| <b>Item #</b>  | <b>NJAC 8:24</b>  | <b>REMARKS</b> ("R" = Repeat violation from previous inspection)   |                                      |  |                                     |  |
|  |   | PIC - Pedro Herrera Pelaez <sup>serv safe</sup> 3/29/26 exp.   |                                      |  |                                     |  |
|  |   | ServSafe Todd Kinnear exp. 3/29/26   |                                      |  |                                     |  |
|  |   | Food safety Prometric Christina A. West 1/3/24 exp.  |                                      |  |                                     |  |
|  |   | Exterminator - Ecolab last service 9/27/21 - monthly service   |                                      |  |                                     |  |
|  |   | Grease Trap - United Site Services - serviced Sept 2021  |                                      |  |                                     |  |
|  |   | — Kitchen —  |                                      |  |                                     |  |
| 40   |   | Observe hand wash sink faucet - Hardware loose   |                                      |  |                                     |  |
|  | 4.5a  | -Repair  |                                      |  |                                     |  |
| 17   |   | Baine Marie Refrigeration - Top Area Did not   |                                      |  |                                     |  |
|  | 3.5f2   | have a cover - The Chicken was Not at refrigeration temp - was @ 54° due to also being held closest to Hot stove |                                      |  |                                     |  |
| Name of Inspecting Official<br><b>Shahira Morell</b> |   | Signature of Inspecting Official<br><i>Shahira Morell</i>  |                                      | Name and Title of Person Receiving Copy of Report<br><b>P.H.</b> |                                     |  |

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

|  |                      |
|--|----------------------|
| NAME (Individual, Facility, Establishment, etc.) <u>TGI Friday's</u> | DATE <u>10/1/21</u>  |
| MUNICIPALITY <u>Watchung</u>   | TEL., CODE or ID NO. |

| ITEM NO. | REMARKS |
|----------|---------|
|----------|---------|

8:24 COS - Cook did move chicken to enclosed refrigeration  
Temp shall be  $\leq 41^{\circ}\text{F}$

4.2 C 2 Chef has access to infrared thermometer  
but ~~thin~~ probe thermometer was not working

(35) - Replace and make available

8:24 (27) Observed some boxes stored on floor of walk in  
Freezer

3.3 g Foods shall be stored 6" above floor to avoid  
splash, dust, other contaminants, and in a clean,  
dry location

(27) Observed back door open during inspection  
(32) and a couple flies present.

8:24 - 6.2 n openings shall be protected against  
entry of insects and rodents  
- suggest installing screen door

Employee Bathrooms

(48) - Observed Men's rm w/o toilet paper and paper towels  
- noticed a slight sewage smell in bathroom  
- Floor drain cover is missing  
- Bathroom walls by toilet should be resurfaced

|  |  |
|--|--|
| SIGNATURE OF INDIVIDUAL COMPLETING FORM<br><u>Shane Morell</u> | SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF<br>REQUIRED<br><u>P.H.</u> |
|--|--|

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

|   |                      |
|---|----------------------|
| NAME (Individual, Facility, Establishment, etc.) <u>TGI Fridays</u> | DATE <u>10/1/21</u>  |
| MUNICIPALITY <u>Watchung</u>  | TEL., CODE or ID NO. |

| ITEM NO. | REMARKS  |
|----------|--|
| (48)     | <p>Women's Employee Restroom</p> <ul style="list-style-type: none"> <li>- Observed an apron hanging over open trash can</li> <li>- Wall by toilet need to be Resurfaced</li> <li>- observed black substance / stain inside toilet</li> </ul> |
| 8:24     | <p>6.6 h - Toilet Facilities shall be kept clean and in good repair and Free from objectionable odors</p>  |
|          | <p>Observed small milk bottles (2) in the liquor walk-in Fridge w/exp date of 9/27/21</p>  |
| (45)     | <p>- Observed Dish Washer temp guage not reaching high temps. NO SANITERS USED - ONLY High Temp. HOT H<sub>2</sub>O</p> <p>* PIC - contacted Eco Lab</p>   |
| 8:24     | <p>and they will check machine guages, sensors, etc.</p>   |
| 4.8      | <p>wash to be @ 160°</p> <p>Rinse to be @ 180°</p>   |
| 51       | <p>- Observed dumpsters open w/ lots of Fly activity on cardboard</p>  |
| 8:24     |  |
| 5.0      | <p>- Oil like substance observed on ground in front of dumpster / compactor</p> <p>- Old equipment w/water outside by dumpster</p>   |

|  |   |
|--|---|
| SIGNATURE OF INDIVIDUAL COMPLETING FORM<br><u>Shana Morell</u> | SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED<br><u>T.H.</u> |
|--|---|

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

|   |                      |
|---|----------------------|
| NAME (Individual, Facility, Establishment, etc.) <u>TGI Fridays</u> | DATE <u>10/1/21</u>  |
| MUNICIPALITY <u>Watchung</u>  | TEL., CODE or ID NO. |

| ITEM NO. | REMARKS  |
|----------|--|
| —        | Public Restrooms —   |
|          | Womans - Observed door handle loose to enter bathroom  |
|          | Men's - Observed no soap at 1 <sup>st</sup> sink when entering Restroom  |
| Note     | - Observed no Rinse Sanitizer wipes that are used to clean tables in dining area   |
| Note     | - Quaternary Sanitizer used for kitchen staff<br>*ensure all buckets have Sanitizer<br>one bucket by grill area <del>Sanitizer</del> present   |
| Note     | - Chlorine sanitizer used in bar area  |
| Review   | - Please Review handwashing procedures when<br>* Switching jobs and donning gloves<br>* always wash hands before wearing new gloves<br>* dealing w/ trash, cleaning bathroom, mopping, sweeping etc. |
| 8:24     | * Physical facility shall be cleaned and maintained in good repair<br>— issued <b>CONDITIONAL</b> —  |
| 6:5      | Will Return in 2 wks   |

|   |   |
|---|---|
| SIGNATURE OF INDIVIDUAL COMPLETING FORM<br><u>Shania Morell</u> | SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED<br><u>R.H.</u> |
|---|---|