



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 - Joe			ESTABLISHMENT TRADING NAME A & G Italian Fine Foods	
NUMBER AND STREET Rosa			NUMBER AND STREET 177 Washington Valley Rd	
COUNTY			MUNICIPALITY Warren	ZIP CODE 07059
MUNICIPALITY	STATE	COUNTY Somerset	TELEPHONE NO. 732-302-9700	
ZIP CODE	COM/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl.)	COM/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	1 <input type="checkbox"/> INITIAL INSPECTION 2 <input checked="" type="checkbox"/> REINSPECTION (other than initial inspection)		
	GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		12/16/21	10:15am	11am
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		INSPECTOR'S SIGNATURE Shahira Morell		
NAME OF HEALTH OFFICER Kevin Sumner		INSPECTOR'S PERM. REG. NO. B-164238	DATE 12/16/21	

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

NAME (Individual, Facility, Establishment, etc.)		DATE
A & G Fine Foods		12/2/21
MUNICIPALITY		TEL., CODE or ID NO.
Warren		
ITEM NO.	8:24 -	ISSUED CONDITIONAL REMARKS * STORE FOODS
27	Walk-in Freezer	observed boxes foods stored on Floor 6" OFF F1 *
3.3 g	" " Fridge	" pre-made packaged foods between RAW meat storage
* 32	[Observed Roach activity by mop sink and water heater
6.2 K		dead roaches, 2 live roaches and debris on Floor
34, 35	Did not observe any Food thermometers used to ensure cooking	
3.5 d	temps and cooling of Cooked foods	
* 40	[Observed kitchen stove hood w/grease and dust accumulation and
4.6a,b,c		lots of grease and debris on Kitchen Floor by fryer, stove, table
41	New Deli units - thermometers needed in units to ensure refrigeration	
4.2 c	temps of $\leq 41^{\circ}\text{F}$	
45	Manual Ware washing - Test strips are not used/ present at time	
4.8	of inspection * Review WASH - soap + water, RINSE, and	
	SANITIZE - Bleach + Water or other sanitizer	
4.8 K	Test Strips Needed to ensure correct strength/concentration	
	of sanitizer	
* 48, 49	[Observed (bathroom) ceiling tiles damaged, missing other areas
6.6h		wall junctures damaged, missing - bathroom, storage entrance
6.5	[Food debris and accumulation of food stuffs throughout
51	Observed mop sink with standing water	
6.4 i	Observed small storage rm w/dry vac and other materials in disarray	
6.4 j	Premises shall be free of unnecessary equipment/items	
* 6.5 a, b	Physical facilities shall be maintained in Good Repair	
	and shall be CLEANED as often as necessary to keep clean	
SIGNATURE OF INDIVIDUAL COMPLETING FORM		SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED
Shahid Moell		[Signature]