



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			ESTABLISHMENT TRADING NAME: <i>American Legion Post</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>293 Community Pl.</i>		<i>Somerset</i>
MUNICIPALITY		STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
			<i>Warren</i>	<i>07059</i>	<i>908-668-9375</i>
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
		TIME - (2400 HOURS)		
<input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> OTHER (Specify) <i>PRIVATE ORGANIZATION</i>	<input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	DATE	BEGIN	END
<input type="checkbox"/> 3 <input type="checkbox"/> 4		<i>6/30/21</i>		

EVALUATION

SATISFACTORY
 CONDITIONALLY SATISFACTORY
 UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print) Warren Township Health Dept. 46 Mountain Blvd. Warren Twp., NJ 07059 908-753-8000 ext.238	INSPECTOR'S NAME AND TITLE Donna M. Ostman R.E.H.S. INSPECTOR'S SIGNATURE <i>Donna M. Ostman</i>
HEALTH OFFICER Kevin Sumner	INSPECTOR'S PERM. REG. NO. B-787

RISK-BASED INSPECTION REPORT

Name of Establishment <i>American Legion Post</i>		City <i>WARREN</i>	Date of Inspection <i>6/30/21</i>	Risk Type <i>1</i>		
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.			----	----	----
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.			----	----	----
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.					
5	Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.				----	
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.				----	
7	Handwashing facilities provided with warm water; soap and acceptable hand-drying method.				----	
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				----	
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				----	
13	Food protected from contamination				----	
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)					
18	COOLING: PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.					
19	COOLING: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.					
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.					
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>American Legion Post</i>		City <i>WARREN</i>	Date of Inspection <i>6/30/21</i>	Risk Type <i>1</i>	
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.				X
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.				X
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.				
51	Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage and refuse properly maintained.				
52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.				
Item #	NJAC 8:24	<i>Kitchen</i>	REMARKS ("R" = Repeat violation from previous inspection)		
<i>45</i>			<i>- Test strips for sanitizer needed</i>		
<i>40</i>			<i>- Victory refrigerator - Door sill is in bad repair</i>		
			<i>BAR</i>		
<i>40</i>			<i>- PAINT shelf where cooler is located</i>		
<i>45</i>			<i>- Test strips? / thermometer needed</i>		
			<i>UPstairs Bar - Provide handwash sink (designate)</i>		
Name of Inspecting Official		Signature of Inspecting Official		Name and Title of Person Receiving Copy of Report	
<i>Donna Ostman</i>		<i>Donna Ostman</i>		<i>Derry atch...</i>	