

TOWNSHIP OF PEQUANNOCK

530 NEWARK POMPTON TURNPIKE
 POMPTON PLAINS, NJ 07444
 TEL: # (973) 835-5700 EXT. 127

RETAIL FOOD INSPECTION REPORT

Activity Type:

FULL

Evaluation:

SATISFACTORY

Inspection Date: **10/26/2017**

Reinspection ON or After: 1/30/2017

OWNER NAME: **MASCHIO'S**

LOCATION (STREET ADDRESS): **225 GLENWILD AVE.**

MAILING ADDRESS: **225 GLENWILD AVE.**

INSPECTING OFFICIAL: **TIM ZACHOK** LICENSE #:**B1941**

TRADE NAME: **WALTER T BERGEN SCHOOL**

CITY: **BLOOMINGDALE**

ZIP CODE: **07403**

PHONE: **973-598-0005**

E-MAIL: **PROWE@MASCHIOFOOD.COM**

HEALTH OFFICER: **PETER CORREALE**

LICENSE # **A-361**

RISK TYPE: **2**

Time/Activity

Date: **10/26/2017**

Start Time -1: **11:48**

End Time: **11:48**

Date: **10/26/2017**

Start Time-2:

End Time:

FOODBORNE ILLNESS RISK FACTORS AND INTERVENTIONS

RISK FACTOR are improper practices identified as the most common factors resulting in foodborne illness | **INTERVENTIONS** are control measures to prevent FBI.

"X" Marked in appropriate Boxes

IN=In Compliance - OUT=Not in Compliance - NO=Not Observed - NA=Not Applicable - COS=Corrected On-site - RV=Repeat Violation

| | | IN | OUT | RV | NO | NA | COS |
|--|---|----|-----|----|----|----|-----|
| **** MANAGEMENT PERSONNEL **** | | | | | | | |
| 1 | PIC demonstrates knowledge of food safety principles pertaining to this operation. | X | | | | | |
| 2 | PIC in Risk Level 3 Retail Food Establishments is certified by January 2, 2010. | X | | | | | |
| 3 | Ill or injured foodworkers restricted or excluded as required. | X | | | | | |
| **** PREVENTING CONTAMINATION FROM HANDS **** | | | | | | | |
| 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, and unobstructed. | X | | | | | |
| 7 | Handwashing facilities provided with warm water; soap & acceptable hand drying method. | X | | | | | |
| 8 | Direct bare hand contact with exposed, ready-to-eat foods is avoided. | X | | | | | |
| **** FOOD SOURCE **** | | | | | | | |
| 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 41F or below. Except: milk, shell eggs and shellfish (45F). | | | | X | | |
| **** FOOD PROTECTED FROM CONTAMINATION **** | | | | | | | |
| 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 **** | | | | | | | |
| 15 | SAFE COOKING TEMPERATURES (Internal temperatures for raw animal foods for 15 seconds) Except: Foods may be served raw or undercooked in response to a consumer order and for immediate service. 130F for 112 minutes: Roasts or as per cooking chart found un | 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. | | | | | X | |
| 17 | COLD HOLDING: PHFs maintained at Refrigeration Temperatures (41F). | X | | | | | |
| 18 | COOLING: PHFs rapidly cooled from 135F to 41F within 6 hours and from 135F to 70F within 2 hours. | | | | | X | |
| 19 | COOLING: PHFs prepared from ingredients at ambient temperature cooled to 41F within 4 hours. | | | | | X | |
| 20 | REHEATING: PHFs rapidly reheated (within 2 hours) in proper facilities to at least 165F; or commercially processed PHFs heated to at least 135F prior to hot holding | | | | | X | |
| 21 | HOT HOLDING: PHFs Hot Held at 135F 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 | |
| **** SAFE FOOD & WATER/PROTECTON FROM CONTAMINATION **** | | | | | | | |
| 25 | Hot and cold water available; adequate pressure. | X | | | | | |
| 26 | Food properly labeled, original container. | X | | | | | |
| 27 | Food protected from potentially contamination during preparation, storage, display. | X | | | | | |
| 28 | Utensils, spatulas, tongs, forks, disposable gloves provided & used to restrict bare hand contact. | X | | | | | |
| 29 | Raw fruits & vegetables washed prior to serving. | X | | | | | |

Name of Inspecting Official

Signature of Inspecting Official

Name and Title of Person Receiving Copy of Report

TIM ZACHOK

| | | IN | OUT | RV | NO | NA | COS |
|----|---|----|-----|----|----|----|-----|
| 30 | Wiping cloths properly used and stored. | X | | | | | |
| 31 | Toxic substances properly identified, stored and used. | X | | | | | |
| 32 | Presence of insects/rodents minimized; outer openings protected, animals are allowed. | X | | | | | |
| 33 | Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint). | X | | | | | |
| | **** FOOD TEMPERATURE CONTROL **** | | | | | | |
| 34 | Food temperature measuring devices provided and calibrated. | X | | | | | |
| 35 | Thin-probed temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish fillets). | X | | | | | |
| 36 | Frozen foods maintained completely frozen. | X | | | | | |
| 37 | Frozen foods properly thawed. | X | | | | | |
| 38 | Plant food for hot holding properly cooked to at least 135F. | X | | | | | |
| 39 | Methods for rapidly cooling PHFs are properly conducted and equipment is adequate. | X | | | | | |
| | **** EQUIPMENT, UTENSILS & LINENS **** | | | | | | |
| 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. | X | | | | | |
| 43 | Utensils, single service items, equipment, linens properly stored, dried and handled. | X | | | | | |
| 44 | Food and non-food contact surfaces properly constructed, cleanable, used. | X | | | | | |
| 45 | Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used. | X | | | | | |
| | **** PHYSICAL FACILITIES **** | | | | | | |
| 46 | Plumbing system properly installed; safe and in good repair; no potential backflow or back siphonage conditions. | X | | | | | |
| 47 | Sewage & waste water properly disposed. | X | | | | | |
| 48 | Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned. | X | | | | | |
| 49 | Design, construction, installation & maintenance proper. | 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 | | | | | |

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|-----------------------------|----------------------------------|---|
| Name of Inspecting Official | Signature of Inspecting Official | Name and Title of Person Receiving Copy of Report |
| TIM ZACHOK | | |

Retail Food Establishment Inspection Report
TOWNSHIP OF PEQUANNOCK

**RETAIL FOOD INSPECTION REPORT
(CONTINUED)**

| Item # | NJAC 8:24 | REMARKS |
|--------|-----------|---------|
|--------|-----------|---------|

Note: Lunches are made at Martha B. Day School and transported hot in a school bus.

Temperature Chart :

Central Reach in 40°F

Kenmore freezer 0°F

Bain Marie 36°F

Milk Cooler 30°F

Snapple Reach in 30°F

Hot Holding Chicken 153°F

Hot hold cabinet 142°F

NOTE: Marni Nardino holds Food Manager Certificate which expires 3/30/2021. Establishment will be posted Conditionally Satisfactory if certificate is expired at time of inspection.

| Name of Inspecting Official | Signature of Inspecting Official | Name and Title of Person Receiving Copy of Report |
|-----------------------------|----------------------------------|---|
| TIM ZACHOK | | |
