

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: **2/18/2014** Reinspection ON or After: **2/18/2014**

OWNER NAME: **YOGESH PATEL/CHARLIE PATEL** TRADE NAME: **TURNPIKE LIQUORS**
 LOCATION (STREET ADDRESS): **139 HAMBURG TURNPIKE** CITY: **BLOOMINGDALE** ZIP CODE: **07403**
 MAILING ADDRESS: **139 HAMBURG TURNPIKE** PHONE: **973-838-6065** E-MAIL: **SHREESAIIINC@HOTMAIL.COM**
 INSPECTING OFFICIAL: **STEPHANIE GORMAN** LICENSE # **B2274** HEALTH OFFICER: **PETER CORREALE** LICENSE # **A-361**
RISK TYPE: 1

Time/Activity

Date: **2/18/2014** Start Time -1: **14:45** End Time: **14:45** Date: **2/18/2014** 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		X				
2					X	
3		X				
**** PREVENTING CONTAMINATION FROM HANDS ****						
4		X				
5		X				
6				X		
7				X		
8		X				
**** FOOD SOURCE ****						
9		X				
10					X	
11				X		
**** FOOD PROTECTED FROM CONTAMINATION ****						
12					X	
13		X				
14		X				
**** PHFs TIME/TEMPERATURE CONTROLS ****						
15					X	
16					X	
17		X				
18					X	
19					X	
20					X	
21					X	
22					X	
23					X	
24					X	
**** SAFE FOOD & WATER/PROTECTON FROM CONTAMINATION ****						
25		X				
26		X				
27		X				

Name of Inspecting Official	Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report
STEPHANIE GORMAN		

		IN	OUT	RV	NO	NA	COS
28	Utensils, spatulas, tongs, forks, disposable gloves provided & used to restrict bare hand contact.	X					
29	Raw fruits & vegetables washed prior to serving.					X	
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					

Name of Inspecting Official		Signature of Inspecting Official		Name and Title of Person Receiving Copy of Report	
STEPHANIE GORMAN					

Retail Food Establishment Inspection Report
TOWNSHIP OF PEQUANNOCK

RETAIL FOOD INSPECTION REPORT
(CONTINUED)

Item #	NJAC 8:24	REMARKS
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Beer refrigerator 42.2 /33.2°F
Beer walk in refrigerator 41.0°F

Posted Satisfactory

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STEPHANIE GORMAN		