

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: **1/31/2014** Reinspection ON or After: **1/31/2014**

OWNER NAME: **SCHWAN'S HOME SERVICE** TRADE NAME: **SCHWAN'S HOME SERVICE, INC.-BLOOMINGDALE**
 LOCATION (STREET ADDRESS): **P.O. BOX 127** CITY: **MARSHALL** ZIP CODE: **56258**
 MAILING ADDRESS: **P.O. BOX 127** PHONE: **507-532-3274** E-MAIL:
 INSPECTING OFFICIAL **STEPHANIE GORMAN** LICENSE # **B2274** HEALTH OFFICER **PETER CORREALE** LICENSE # **A-361**
RISK TYPE: 1

Time/Activity

Date: **1/31/2014** Start Time -1: **15:43** End Time: **15:43** Date: **1/31/2014** Start Time-2: **19:16** End Time: **19:16**

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					

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				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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Note: All food is frozen on the truck and sold to residential homes. There is no hot or cold food.

Posted Satisfactory

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