

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: **7/23/2014** Reinspection ON or After: **1/23/2015**

OWNER NAME: **OLSZEWSKI ROBERT** TRADE NAME: **UNION AVE DELI & CATERING**
 LOCATION (STREET ADDRESS): **126 UNION AVENUE** CITY: **BLOOMINGDALE** ZIP CODE: **07403**
 MAILING ADDRESS: **126 UNION AVENUE** PHONE: **973-283-0220** E-MAIL: **BOB.OSKI@YAHOO.COM**
 INSPECTING OFFICIAL: **JACQUELINE BOURDONY** LICENSE # **B150343** HEALTH OFFICER: **PETER CORREALE** LICENSE # **A-361**
RISK TYPE: 3

Time/Activity

Date: **7/23/2014** Start Time -1: **11:50** End Time: **11:50** Date: **7/23/2014** 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 |
| JACQUELINE BOURDONY | | |

| | | 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 | | | | 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 | X | | | |

| | | |
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Retail Food Establishment Inspection Report
TOWNSHIP OF PEQUANNOCK
RETAIL FOOD INSPECTION REPORT
(CONTINUED)

7/23/2014 Trade Name: UNION AVE DELI & CATERING

City: BLOOMINGDALE

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

#26 3.3(d) Containers Identified/Common Name
 Salad dressing containers were not properly labeled.

#27 3.3(t) Food Display
 Observed food labels in bin, labels are attached to wooden toothpicks which are not easily cleanable.

#41 4.2(c)6 Easily readable and accurate
 Therometer is in disrepair - not accurate.

#41 4.2(c)5 Ambient air thermometers maintained in the large box freezer - COS.
 * Kold King Box freezer has no thermometer.

#44 4.2(g) Can opener cutting parts, observed can opener with old food debris - encrusted on the blade.

#40 4.5(a) Equipment Maintenance
 Observed water accumulation on the bottom of the bain marie.

#49 6.2(i) Protective shielding for light bulbs
 Observed light bulb not completely covered by light shield. There was a gap between cover and end caps.

#49 6.2(f-g) Wall and ceiling covering, attachments
 Wall ventilation was covered with dust and grease.

#49 6.2(a) Floor, walls, ceilings
 Observed a hole in the wall next to the basement steps.

#51 5.5(s) Solid Waste Disposal
 Observed large amount of large black pastic bags in the rear of the establishment. PIC advised us the debris belongs to the upstairs tenant and will be removed.

#52 6.6(j) Location of hand wash signs
 6.6j No sign or poster posted at the handwash sink in the prep aera to remind food employees to wash their hands.
 Repeat Violation

PIC was informed placard must be displayed on/near the front door from this day forward.

Temps:
 Walk-In: 41°F

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City: BLOOMINGDALE

Walk-In (Cole Slaw): 40.6°F

Unted Freezer: -24°F

Frigiaire: 0°F

Cole Slaw in the Deli Case: 41°F

Turkey Breast (whole): 42°F

Chicken Cutlet: 41.3°F

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|-----------------------------|----------------------------------|---|
| JACQUELINE BOURDONY | | |