

TOWNSHIP OF PEQUANNOCK

530 NEWARK POMPTON TURNPIKE
 POMPTON PLAINS, NJ 07444
 TEL: # (973) 835-5700 EXT. 128

RETAIL FOOD INSPECTION REPORT

Activity Type:
FULL

Evaluation:
SATISFACTORY

Inspection Date: **9/27/2016**

OWNER NAME: **MASCHIO'S FOOD SERVICE** TRADE NAME: **SAMUEL R DONALD SCHOOL**
 LOCATION (STREET ADDRESS): **31 CAPTOLENE AVE** CITY: **BLOOMINGDALE** ZIP CODE: **07403**
 MAILING ADDRESS: **31 CAPTOLENE AVE** PHONE: **973-598-0005** **PROWE@MASCHIOFOOD.COM**
 INSPECTING OFFICIAL: **TIM ZACHOK** LICENSE # **B1941** HEALTH OFFICER: **PETER CORREALE** LICENSE # **A-361**
RISK TYPE: 2

Time/Activity

Date: **9/27/2016** Start Time -1: **10:14** End Time: **10:14** Date: **9/27/2016** 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 **INTERVENTION** 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 - R=Repeat Violation

MANAGEMENT & PERSONNEL

		IN	OUT	RV	NO	NA	COS
0	**** 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					
4	**** 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					
9	**** 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		
12	**** 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					
15	**** 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					
25	**** 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

TIM ZACHOK

***** MANAGEMENT & PERSONNEL *****

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					
34	**** 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					
40	**** 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					
46	**** 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
TIM ZACHOK		

Retail Food Establishment Inspection Report
TOWNSHIP OF PEQUANNOCK

**RETAIL FOOD INSPECTION REPORT
(CONTINUED)**

Item #	NJAC 8:24	REMARKS
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NOTE: Debra Legg holds Food Manager Certificate which expires 3/28/2020.
Establishment will be posted Conditionally Satisfactory if certificate is expired.

Temperatures:

Dishwasher 164°F
Box freeer 4 °F
Hobart 38°F
Frigidaire Freezer 0°F
Milk Box 36°F
Box freezer 6°F
Ice Cream -5°F

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