

# 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: **5/3/2016**

OWNER NAME: **MASCHIO'S FOOD SERVICES INC..**  
 LOCATION (STREET ADDRESS): **225 RAFKIND RD.**  
 MAILING ADDRESS: **225 RAFKIND RD.**  
 INSPECTING OFFICIAL: **TIM ZACHOK**

TRADE NAME: **MARTHA B DAY SCHOOL**  
 CITY: **BLOOMINGDALE** ZIP CODE: **07403**  
 PHONE: **973-598-0005** **PROWE@MASCHIOFOOD.COM**  
 HEALTH OFFICER: **PETER CORREALE** LICENSE # **A-361**  
**RISK TYPE: 2**

**Time/Activity**

Date: **5/3/2016** Start Time -1: **10:04** End Time: **10:04** Date: **5/3/2016** 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	**** <b>MANAGEMENT PERSONNEL</b> ****						
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	**** <b>PREVENTING CONTAMINATION FROM HANDS</b> ****						
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	**** <b>FOOD SOURCE</b> ****						
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	**** <b>FOOD PROTECTED FROM CONTAMINATION</b> ****						
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	**** <b>PHFs TIME/TEMPERATURE CONTROLS</b> ****						
15	<b>SAFE COOKING TEMPERATURES</b> (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	<b>PASTEURIZED EGGS:</b> 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	<b>COLD HOLDING:</b> PHFs maintained at Refrigeration Temperatures (41F).	X					
18	<b>COOLING:</b> PHFs rapidly cooled from 135F to 41F within 6 hours and from 135F to 70F within 2 hours.					X	
19	<b>COOLING:</b> PHFs prepared from ingredients at ambient temperature cooled to 41F within 4 hours.					X	
20	<b>REHEATING:</b> 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	<b>HOT HOLDING:</b> PHFs Hot Held at 135F or above in appropriate equipment.	X			X		
22	<b>TIME as a PUBLIC HEALTH CONTROL:</b> Approval; written procedures; time marked; discarded in 4 hours.					X	
23	<b>SPECIALIZED PROCESSING METHODS:</b> Approval; written procedures; conducted properly.					X	
24	<b>HIGHLY SUSCEPTIBLE POPULATIONS:</b> Pasteurized foods used; prohibited foods not offered.	X					
25	**** <b>SAFE FOOD &amp; WATER/PROTECTON FROM CONTAMINATION</b> ****						
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					

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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
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NOTE: Lauren Martin holds Food Manager Certificate which expires 4/20/2017.  
Establishment will be posted Conditionally Satisfactory if certificate is expired.

#41 4.2(c)5 Ambient air thermometers maintained in good repair in #9 freezer

Temperatures:

#1 True	36°F
#2 Gibson	4°F
#3 True freezer	-8°F
#4 True	34°F
#5 Frigidaire Box freezer	-8°F
#6 Milk Box	30°F
#7	4°F
#8	-10°F
#9	-17°F
Pizza Stix	168°F
Dishwasher	172°F

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