

**RETAIL FOOD INSPECTION REPORT**

Activity Type <i>INITIAL</i>	Evaluation <i>Satisfactor</i>
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Name of Owner(s), Partnership or Corporation <i>Church of Christ</i>		Trade Name <i>Church of Christ</i>		Reinspection on or After:	
Establishment Location (Street Address) <i>33 Rivon Rd</i>		City <i>Princeton</i>	Zip Code <i>08540</i>	County <i>Monroe</i>	Co/Mun Code
Establishment Mailing Address (if different)		Telephone No. <i>609-375-8015</i>	E-mail Address		
Name of Inspecting Official <i>Randy F. Carter</i>		REHS Lic. # <i>B1805</i>	Name of Health Officer <i>Jeffrey C. Gause</i>		Risk Type <i>2</i>
					License No. <i>12014-008</i>

**TIME/ACTIVITY REPORT (Codes: 1-Travel, 2-Inspection, 3-Administration)**

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
<i>7/8/2014</i>											

**FOODBORNE ILLNESS RISK FACTORS AND INTERVENTIONS**

RISK FACTORS are improper practices identified as the most common factors resulting in foodborne illness (FBI). INTERVENTIONS are control measures to prevent FBI

Mark "X" in appropriate Box: IN=In Compliance; OUT=Not in Compliance; NO=Not Observed; NA=Not Applicable; COS=Corrected On-site. R in OUT Box=Repeat Violation.

**MANAGEMENT AND PERSONNEL**

	IN	OUT	N.O.	N/A	COS
1 PIC demonstrates knowledge of food safety principles pertaining to this operation.	<input checked="" type="checkbox"/>		----	----	----
2 PIC in Risk Level 3 Retail Food Establishments is certified by <i>January 2, 2010</i> .	<input type="checkbox"/>		----	<input checked="" type="checkbox"/>	----
3 Ill or injured foodworkers restricted or excluded as required.	<input checked="" type="checkbox"/>		<input type="checkbox"/>	----	<input type="checkbox"/>

**PREVENTING CONTAMINATION FROM HANDS**

	IN	OUT	N.O.	N/A	COS
4 Handwashing conducted in a timely manner; prior to work, after using restroom, etc.	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.	<input checked="" type="checkbox"/>		<input type="checkbox"/>	----	<input type="checkbox"/>
6 Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	<input checked="" type="checkbox"/>		----	----	<input type="checkbox"/>
7 Handwashing facilities provided with warm water; soap and acceptable hand-drying method.	<input checked="" type="checkbox"/>		----	----	<input type="checkbox"/>
8 Direct bare hand contact with exposed, ready-to-eat foods is avoided.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOOD SOURCE**

	IN	OUT	N.O.	N/A	COS
9 All foods, including ice and water, from approved sources; with proper records	<input checked="" type="checkbox"/>		----	----	<input type="checkbox"/>
10 Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 PHFs received at 41°F or below. <i>Except: milk, shell eggs and shellfish (45°F)</i>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOOD PROTECTED FROM CONTAMINATION**

	IN	OUT	N.O.	N/A	COS
12 Proper separation of raw meats and raw eggs from ready-to-eat foods provided	<input checked="" type="checkbox"/>		----	<input type="checkbox"/>	<input type="checkbox"/>
13 Food protected from contamination	<input checked="" type="checkbox"/>		----	----	<input type="checkbox"/>
14 Food contact surfaces properly cleaned and sanitized	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PHFs TIME/TEMPERATURE CONTROLS**

	IN	OUT	N.O.	N/A	COS
15 <b>SAFE COOKING TEMPERATURES</b> (Internal temperatures for raw animal foods for 15 seconds) <i>Except: Foods may be served raw or undercooked in response to a consumer order and for immediate service.</i> 130°F for 112 minutes: Roasts or as per cooking chart found under 3.4(a)2; 145°F: Fish, Meat, Pork; 155°F: Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs; 165°F: Poultry; Stuffed fish/meat/or pasta; Stuffing containing fish/meat.	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17 <b>COLD HOLDING:</b> PHFs maintained at "Refrigeration Temperatures" (41°F)	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 <b>COOLING:</b> PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 <b>COOLING:</b> PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 <b>REHEATING:</b> PHFs rapidly reheated (within 2 hours) in proper facilities to at least 165°F; or commercially processed PHFs heated to at least 135°F prior to hot holding.	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 <b>HOT HOLDING:</b> PHFs Hot Held at 135°F or above in appropriate equipment.	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 <b>TIME as a PUBLIC HEALTH CONTROL:</b> Approval; written procedures; time marked; discarded in 4 hours.	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23 <b>SPECIALIZED PROCESSING METHODS:</b> Approval; written procedures; conducted properly.	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24 <b>HIGHLY SUSCEPTIBLE POPULATIONS:</b> Pasteurized foods used; prohibited foods not offered.	<input type="checkbox"/>		----	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**RETAIL FOOD INSPECTION REPORT  
(CONTINUED)**

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.  
OUT= Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box

<b>SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION</b>		<b>OUT</b>	<b>COS</b>
25	Hot and cold water available; adequate pressure.		<input type="checkbox"/>
26	Food properly labeled, original container.		<input type="checkbox"/>
27	Food protected from potential contamination during preparation, storage, display.		<input type="checkbox"/>
28	Utensils, spatulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.		<input type="checkbox"/>
29	Raw fruits and vegetables washed prior to serving.		<input type="checkbox"/>
30	Wiping cloths properly used and stored.		<input type="checkbox"/>
31	Toxic substances properly identified, stored and used.		<input type="checkbox"/>
32	Presence of insects/rodents minimized: outer openings protected, animals as allowed.		<input type="checkbox"/>
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).		<input type="checkbox"/>
<b>FOOD TEMPERATURE CONTROL</b>		<b>OUT</b>	<b>COS</b>
34	Food temperature measuring devices provided and calibrated.		<input type="checkbox"/>
35	Thin-probed temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish filets).		<input type="checkbox"/>
36	Frozen foods maintained completely frozen.		<input type="checkbox"/>
37	Frozen foods properly thawed.		<input type="checkbox"/>
38	Plant food for hot holding properly cooked to at least 135°F.		<input type="checkbox"/>
39	Methods for rapidly cooling PHFs are properly conducted and equipment is adequate.		<input type="checkbox"/>
<b>EQUIPMENT, UTENSILS AND LINENS</b>		<b>OUT</b>	<b>COS</b>
40	Materials, construction, repair, design, capacity, location, installation, maintenance.		<input type="checkbox"/>
41	Equipment temperature measuring devices provided (refrigeration units, etc).		<input type="checkbox"/>
42	In-use utensils properly stored.		<input type="checkbox"/>
43	Utensils, single service items, equipment, linens properly stored, dried and handled.		<input type="checkbox"/>
44	Food and non-food contact surfaces properly constructed, cleanable, used.		<input type="checkbox"/>
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.		<input type="checkbox"/>
<b>PHYSICAL FACILITIES</b>		<b>OUT</b>	<b>COS</b>
46	Plumbing system properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.		<input type="checkbox"/>
47	Sewage and waste water properly disposed.		<input type="checkbox"/>
48	Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.		<input type="checkbox"/>
49	Design, construction, installation and maintenance proper-floors/walls/ceilings.		<input type="checkbox"/>
50	Adequate ventilation; lighting; designated areas used.		<input type="checkbox"/>
51	Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage and refuse properly maintained.		<input type="checkbox"/>
52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.		<input type="checkbox"/>

Item #	NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)
		<p>Simple Omaha kitchen                      No major preparation unless major dust function                      Hand washing provided                      Refrigerator @ 41°F outdoor                      Microwaves to be cleaned / sanitized daily w/alk                      users - Satisfactory</p>
Name of Inspecting Official		Signature of Inspecting Official
Francis F. Carter		Francis F. Carter
		Name and Title of Person Receiving Copy of Report

*MSPS sheets needed*