

RETAIL FOOD INSPECTION REPORT

Activity Type <b>INITIAL</b>		Evaluation <b>Satisfaction</b>	
Name of Owner(s), Partnership or Corporation <b>NINO SPERA</b>		Trade Name <b>Pizza Ston</b>	
Establishment Location (Street Address) <b>301 N. HARRISON STREET</b>		City <b>PRINCETON</b>	Zip Code <b>08540</b>
Establishment Mailing Address (if different)		County <b>Merco</b>	Co/Mun Code
Telephone No. <b>609-924-7420</b>		E-mail Address <b>MINUSSPIZZASTON@GMAIL.COM</b>	
Name of Inspecting Official <b>RANDY F. CARTON</b>	REHS Lic. # <b>B1805</b>	Name of Health Officer <b>Jeffrey P. Grossman</b>	Risk Type <b>3</b>
		License No. <b>F2015-123</b>	

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

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
<b>6/5/2015</b>											

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 January 2, 2010.	<input checked="" type="checkbox"/>				
3	Ill or injured foodworkers restricted or excluded as required.	<input checked="" 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"/>				
5	Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.	<input checked="" type="checkbox"/>				
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	<input checked="" type="checkbox"/>				
7	Handwashing facilities provided with warm water; soap and acceptable hand-drying method.	<input checked="" type="checkbox"/>				
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	<input type="checkbox"/>	<input checked="" 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"/>				
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
11	PHFs received at 41°F or below. Except: milk, shell eggs and shellfish (45°F)	<input checked="" 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"/>				
13	Food protected from contamination	<input checked="" type="checkbox"/>				
14	Food contact surfaces properly cleaned and sanitized	<input checked="" 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) Except: Foods may be served raw or undercooked in response to a consumer order and for immediate service. <b>130°F for 112 minutes:</b> Roasts or as per cooking chart found under 3.4(a)2; <b>145°F:</b> Fish, Meat, Pork; <b>155°F:</b> Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs; <b>165°F:</b> Poultry; Stuffed fish/meat/or pasta; Stuffing containing fish/meat.	<input checked="" 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 checked="" type="checkbox"/>	
17	<b>COLD HOLDING:</b> PHFs maintained at "Refrigeration Temperatures" (41°F)	<input checked="" 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 checked="" 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"/>		
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 checked="" type="checkbox"/>				
21	<b>HOT HOLDING:</b> PHFs Hot Held at 135°F or above in appropriate equipment.	<input checked="" type="checkbox"/>				
22	<b>TIME as a PUBLIC HEALTH CONTROL:</b> Approval; written procedures; time marked; discarded in 4 hours.	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
23	<b>SPECIALIZED PROCESSING METHODS:</b> Approval; written procedures; conducted properly.	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
24	<b>HIGHLY SUSCEPTIBLE POPULATIONS:</b> Pasteurized foods used; prohibited foods not offered.	<input type="checkbox"/>			<input checked="" type="checkbox"/>	

~~NEED - 653651 - exp by stds 11/2016~~  
 OK Jean Saki Micha Moon

**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

**SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION**

		OUT	COS
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"/>

**FOOD TEMPERATURE CONTROL**

		OUT	COS
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"/>

**EQUIPMENT, UTENSILS AND LINENS**

		OUT	COS
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"/>

**PHYSICAL FACILITIES**

		OUT	COS
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)
45-60	3.39	Bare hand contact by staff handling rolls No hand wash can in meat room  spoke w/ owner about more glove use even though there is good hand washing prior to prep

Name of Inspecting Official <i>Randy Carter</i>	Signature of Inspecting Official <i>Randy Carter</i>	Name and Title of Person Receiving Copy of Report <i>Mike Spina</i>
--	---	--

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Pizza Star	Date	6/5/2015
Municipality	Punahoa	Tel. Code or ID No.	609 931-7422

Item No.	Remarks
3.7a	Now glove use for Sandwiches, hoagies needed
NOTE	Sanitizers at 3 Compartment Sink - KEEP a small bucket of paper
NOTE	Reheating Sausage Meatballs Sausage on stove from
	WALK-IN BOX -
NOTE	Meatballs Sausage 168°F Sauce 100°F Chicken Soup 169°F
NOTE	Walk-In Box - Cooked Sausage cooled to 38°F (after it comes from oven it's cooled to 41°F unless in walk-in
NOTE	All PHFs in Walk-In Box @ 38°F or less - Well organized to prevent cross contamination
NOTE	Beer Machine - 37°F - Lunch Meat, Cheese etc @ 37°F
:	New gaskets on all units - Very clean in/out
:	Service weekly for sanitizing w/ bleach + water
:	Thermometers available in all units
:	Exhaust Hood - due 9/15 for service
:	Storage - In Compliance
:	Ice Machine - In compliance Ice Scoop handle up
NOTE	Good Hand Washing + Sanitizing
6/6/15	<del>MEAT</del> Room - NO lid on trash can
	Waste Control - Monthly
	Grease Trap Log is up-to date - every three weeks
*	NEED TO UPDATE SERU Safe Certification in 2016
	Posted Satisfactor

Signature of Individual Completing Form	Signature of Owner of Facility, Establishment, etc., if required
<i>Tracy F. Cook</i>	<i>Mike Spere</i>