

RETAIL FOOD INSPECTION REPORT

Activity Type INITIAL	Evaluation Satisfactory
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Name of Owner(s), Partnership or Corporation Restaurant Assoc	Trade Name Prospect House	Reinspection on or After: 2 week - SpotCA			
Establishment Location (Street Address) Princeton University	City Princeton	Zip Code 08544	County Monmouth	Co/Mun Code Tamps	
Establishment Mailing Address (if different) Circle Drive - Campus	Telephone No. 609-258-3455	E-mail Address draisoll@princeton.edu			
Name of Inspecting Official Randy F. Carter	REHS Lic. # B1805	Name of Health Officer Jeffrey P. Grosser	Risk Type 3	License No. F2015-055	

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

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
4/21/2015											

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"/>		----	<input 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"/>	X	----	----	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	PHFs received at 41°F or below. Except: milk, shell eggs and shellfish (45°F)	<input checked="" type="checkbox"/>		<input 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	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. 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 checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	COLD HOLDING: PHFs maintained at "Refrigeration Temperatures" (41°F)	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	COOLING: 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"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	COOLING: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	REHEATING: 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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	HOT HOLDING: PHFs Hot Held at 135°F or above in appropriate equipment.	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	TIME as a PUBLIC HEALTH CONTROL: Approval; written procedures; time marked; discarded in 4 hours.	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	SPECIALIZED PROCESSING METHODS: Approval; written procedures; conducted properly.	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24	HIGHLY SUSCEPTIBLE POPULATIONS: Pasteurized foods used; prohibited foods not offered.	<input type="checkbox"/>		----	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Sanu Safe Certification - Brian Draisoll 8/2014 Exp
 company requires Paul Molinaro 4/2020 Exp
 recertification every 3 years

**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.	X	<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.	X	<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.	X	<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.	X	<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)

27	3.3	Ice machine - Food debris observed on exterior surface can lead to falling into ice	COS
18	3.5e	Port + another PHF @ 50°F long time - Voluntarily discarded	
34	4.2c	a few Thermometer not visible (most units had interior Thermometer)	
44	4.6b	Deli unit in kitchen door gaskets/surfaces soiled	
51	6.5	Deep cleaning needed - See note below	
18	3.5f	Salad Bar - 3 items out of temp @ 50-55°F - Voluntarily taken off line & cooled - Discussed Temp checks prior to service has enough Freezer, Blast Chiller for cooling	

Name of Inspecting Official Randy F. Carter	Signature of Inspecting Official <i>Randy F. Carter</i>	Name and Title of Person Receiving Copy of Report <i>[Signature]</i>
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6 | 6.7m | Hand wash sink used for other purposes COS

#51 - Due to the long hours, it is difficult to properly clean, floors & equipment - usually deep cleanings are only during break times

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.) <u>Prospect House (University)</u>		Date <u>4/21/2015</u>
Municipality <u>Princeton</u>		Tel., Code or ID No. <u>(609) 258-3455</u>
Item No.	Remarks	
NOTE	Garbage/Dumpster area - IN Compliance	
	Kitchen	
3.3	Ice Machine - cancrs foot debris fall from top of ice machine (can go into ice)	
3.5e	Refrigerator #3 - Pork + one other BHF at 50°F for long period of time - Voluntarily Discarded - Improper cooling method	
4.2c	Not all Thermometers visible - (Majority of units have in-line thermometers)	
4.6b	Deli Refrigerator - door gaskets/surfaces soiled	
NOTE	Sanitizer, hand sinks & 3 compartment sink - IN Compliance	
NOTE	Pot Pan Storage - Good / Utensils etc - Good - No Bare Hand Contact was observed - Good Glove use / utensil use	
	Cook Line - No Temp Violations	
4.10/6.5	Cleaning issues with equipment & floors - also at 2 nd Floor Lower Dining Room Auntney	
NOTE	All Hot Food Temped & NO Violation	
3.5f	Salad bar - 3 Items Chicken, Artichoke + Apple above 41°F Taken off line & cooled to 41°F in Freezer/Blast Chiller	
3.3a	Walk-In Box - Bags of food product on floor	
NOTE	Dishwasher - 180°F @ Final Rinse - IN Compliance	
6.7m	Prep Room - Hand Sink cluttered with containers (hand washing only)	
NOTE	Basic Food Handling is in Compliance	
	Food Temperatures are good - Salad bar NEEDS more checking prior to service - Discussed correct cool down in Walk-In Box + Blast Chiller - Good Glove use, utensil use for ^{NO Bare} hand contact	
Signature of Individual Completing Form <u>Mandy Carter</u>		Signature of Owner of Facility, Establishment, etc., if required <u>[Signature]</u>