

## BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

### IDENTIFICATION

| OWNER INFORMATION<br><small>(Complete this section only if different from establishment information)</small> |             |        |  | ESTABLISHMENT INFORMATION                                       |                            |                                  |
|--|-------------|--------|--|---|----------------------------|----------------------------------|
| NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT<br><i>PIC - Mark Brady</i>                                 |             |        |  | ESTABLISHMENT TRADING NAME<br><i>Dartcor Enterprises Inc</i>    |                            |                                  |
| NUMBER AND STREET<br><i>New Jersey Center of Excellence</i>  |             | COUNTY |  | NUMBER AND STREET<br><i>1041 <del>1023</del> US HWY 202/206</i> |                            | COUNTY<br><i>Somerset</i>        |
| MUNICIPALITY   |             |        | STATE                                      | MUNICIPALITY<br><i>Bridgewater</i>                              | ZIP CODE<br><i>08807</i>   | TELEPHONE NO.<br><i>908-739-</i> |
| ZIP CODE   | COMUN. CODE |        | ESTABLISHMENT STATE LICENSE NO. (if appl.) |   | COMUN. CODE<br><i>9060</i> |                                  |


### INSPECTION

| TYPE OF ESTABLISHMENT  | ESTABLISHMENT CODE  | <input checked="" type="checkbox"/> INITIAL INSPECTION<br><input type="checkbox"/> REINSPECTION <small>(other than initial inspection)</small> |              |                 |
|--|---|--|--------------|-----------------|
| <input type="checkbox"/> RETAIL<br><input type="checkbox"/> POOL<br><input type="checkbox"/> CAMP<br><input checked="" type="checkbox"/> OTHER <i>Industrial</i> | GOODS<br><input type="checkbox"/> DESTROYED<br><input type="checkbox"/> EMBARGOED | TIME - (2400 HOURS)  |              |                 |
|  |   | DATE   | BEGIN        | END             |
|  |   | <i>11/17/22</i>  | <i>11 AM</i> | <i>12:35 pm</i> |

### EVALUATION

SATISFACTORY     
  CONDITIONALLY SATISFACTORY     
  UNSATISFACTORY

### OFFICIAL(S)

| LOCAL BOARD OF HEALTH  | INSPECTING OFFICIAL   |
|--|---|
| NAME, ADDRESS AND TELEPHONE NUMBER<br><br>Bridgewater Township<br>100 Commons Way<br>Bridgewater, N.J. 08807<br>908-725-5750 | INSPECTOR'S NAME AND TITLE<br><i>Shahira Morell</i><br>REHS   |
|  | INSPECTOR'S SIGNATURE<br> |
| HEALTH OFFICER<br><i>Kevin Sumner</i>  | INSPECTOR'S PERM. REG. NO.<br><i>B-164238</i>   |

**Bridgewater Township Health Department**

100 Commons Way  
 Bridgewater, NJ 08807  
 Phone: (908) 725-6300 ext. 5205  
 Email: health@bridgewaternj.gov

**RETAIL FOOD INSPECTION REPORT**

|                                |                                     |
|--------------------------------|-------------------------------------|
| Activity Type<br><i>Annual</i> | Evaluation<br><i>AT THE FACTORY</i> |
|--------------------------------|-------------------------------------|

|   |  |  |   |                           |             |
|---|--|--|---|---------------------------|-------------|
| Name of Owner(s), Partnership or Corporation<br><i>PIC - Mark Brady</i> |  | Trade Name<br><i>Dartcor Enterprises Inc</i> |   | Reinspection on or After: |             |
| Establishment Location (Street Address)<br><i>1023 US HWY 202/206</i>   |  | City<br><i>Bridgewater</i>                   | Zip Code<br><i>08807</i>                      | County<br><i>Somerset</i> | Co/Mun Code |
| Establishment Mailing Address (if different)                            |  | Telephone No.<br><i>908-739-9060</i>         |   | E-mail Address            |             |
| Name of Inspecting Official<br><i>Shahira Morell</i>                    |  | REHS Lic. #<br><i>B-164238</i>               | Name of Health Officer<br><i>Kevin Sumner</i> |                           | License No. |

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

| Date            | Code | Began | Ended | Date | Code | Began | Ended | Date | Code | Began | Ended |
|-----------------|------|-------|-------|------|------|-------|-------|------|------|-------|-------|
| <i>11/17/22</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 checked="" type="checkbox"/> |                                     |                                     |                          |                          |
| 3                                   | Ill or injured foodworkers restricted or excluded as required.  | <input type="checkbox"/>            |                                     | <input checked="" 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 type="checkbox"/>            |                                     | <input checked="" type="checkbox"/> |                          | <input type="checkbox"/> |
| 5                                   | Handwashing proper, duration at least 20 seconds with at least 10 seconds of vigorous lathering.  | <input type="checkbox"/>            |                                     | <input checked="" type="checkbox"/> |                          | <input type="checkbox"/> |
| 6                                   | Handwashing facilities provided in toilet rooms and prep areas; <del>convenient, accessible, unobstructed.</del>  | <input checked="" type="checkbox"/> |                                     |                                     |                          | <input type="checkbox"/> |
| 7                                   | Handwashing facilities provided with warm water, soap and <u>acceptable hand-drying method</u>  | <input type="checkbox"/>            | <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 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 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)<br><i>Except: Foods may be served raw or undercooked in response to a consumer order and for immediate service.</i><br>130°F for 112 minutes: Roasts or as per cooking chart found under 3.4(a)2;<br>145°F: Fish, Meat, Pork; 155°F: Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs;<br>165°F: Poultry; Stuffed fish/meat/or pasta; Stuffing containing fish/meat. | <input type="checkbox"/>            |                                     | <input 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 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 in 2 hours.   | <input type="checkbox"/>            |                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 19                                  | <b>COOLING:</b> PHFs prepared from ingredients at ambient temperature cooled to 41°F <u>within 4 hours.</u>   | <input type="checkbox"/>            |                                     | <input 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 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 checked="" type="checkbox"/> |                                     | <input 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 type="checkbox"/> | <input type="checkbox"/> |
| 23                                  | <b>SPECIALIZED PROCESSING METHODS:</b> Approval; written procedures; conducted properly.  | <input type="checkbox"/>            |                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 24                                  | <b>HIGHLY SUSCEPTIBLE POPULATIONS:</b> Pasteurized foods used; prohibited foods not offered.  | <input type="checkbox"/>            |                                     |                                     | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE  
NOTE

ISSUED ←

RETAIL FOOD INSPECTION REPORT

(CONTINUED)

SATISFACTORY

Dartcor 11/17/22

| GOOD RETAIL PRACTICES  |   |     |                          |
|--|---|-----|--------------------------|
| Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.<br>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 foods 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. | X   | <input type="checkbox"/> |
| 52   | All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.  | X   | <input type="checkbox"/> |

| Item# | NJAC 8:24 | REMARKS ("R" = Repeat violation from previous inspection)   |
|-------|-----------|---|
| 7     | 6.7j      | Observed Hand wash sinks w/o paper towels   |
|       | 6.7k      | Ensure all sinks supplied w/paper towels and trash can w/in reach   |
| 51    | 6.5f      | Observed mop inside bucket  |
|       |           | Ensure mop + mop heads allowed to air dry properly  |
| 52    | 6.6j      | Observed No Employee hand wash signs in both male + female restrooms - ENSURE SIGNS are posted in restrooms |

|   |   |   |
|---|---|---|
| Name of Inspecting Official<br>Shahira Morell | Signature of Inspecting Official<br><i>Shahira Morell</i> | Name and Title of Person Receiving Copy of Report<br>Mark Brady |
|---|---|---|

PIC - Mark Brady - ServSafe exp. 7/12/26

Reminder - Grease Trap Receipts to be sent to Health Dept 3x's yr by April 30<sup>th</sup>, Aug 31<sup>st</sup>, and Dec 31<sup>st</sup>

NOTES: Ensure Foods held at Hot Holding of 135°F and stir often  
13.19 Review Cooling down of Foods - Time check