

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>		ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PIC - Lisa		ESTABLISHMENT TRADING NAME Five Star Bridgewater LLC.		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		570B Union Ave	Somerset	
MUNICIPALITY	STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
		Bridgewater	08807	732-271-
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
			7777	

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
<input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER	GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		6/28/22	2:45pm	4:45pm

EVALUATION

SATISFACTORY
 ~~CONDITIONALLY SATISFACTORY~~
 UNSATISFACTORY

OFFICIAL(S)

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

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		Evaluation Conditional	
Name of Owner(s), Partnership or Corporation		Trade Name Five Star	
Reinspection on or After: 2 WKS			
Establishment Location (Street Address) 570B Union Ave		City Bridgewater	
Zip Code 08807		County Somerset	
Co/Mun Code			
Establishment Mailing Address (if different)		Telephone No. 732-271-777	
E-mail Address			
Name of Inspecting Official Shahira Morell		REHS Lic. # B-164238	
Name of Health Officer Kevin Sumner		Risk Type	
License No.			

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

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
10/28/22		2:45pm									

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 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 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 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. Except: milk, shell eggs and shellfish (45°F).	<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 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 type="checkbox"/>		<input checked="" 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 type="checkbox"/>		<input type="checkbox"/>	<input 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 in 2 hours.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 COOLING: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.	<input 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 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 type="checkbox"/>	<input type="checkbox"/>
23 SPECIALIZED PROCESSING METHODS: Approval; written procedures; conducted properly.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 HIGHLY SUSCEPTIBLE POPULATIONS: Pasteurized foods used; prohibited foods not offered.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Grease Trap Receipts to be sent to
 Health Dept 3x/yr by:
 April 30, Aug 31, Dec 31st

**RETAIL FOOD INSPECTION REPORT
(CONTINUED)**

Bridgewater 6/28/22

Five Star

GOOD RETAIL PRACTICES			OUT	COS
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods. <i>OUT=Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box.</i>				
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, <u>storage</u> 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"/>
NOTE - 32	Presence of insects/rodents minimized; <u>outer openings protected</u> animals as allowed.			<input type="checkbox"/>
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).			<input type="checkbox"/>
FOOD TEMPERATURE CONTROL			OUT	COS
NOTE - 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
NOTE - 40	Materials, construction, repair, design, capacity, location, installation, maintenance.		X	<input type="checkbox"/>
41	Equipment temperature measuring devices provided (refrigeration units, etc).	SM	X	<input type="checkbox"/>
42	In-use utensils properly stored.			<input type="checkbox"/>
43	Utensils, single service items, equipment, linens properly stored, dried and handled.		XXX	<input type="checkbox"/>
44	Food and non-food contact surfaces properly constructed, cleanable, used.		XXX	<input type="checkbox"/>
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.		XXX	<input type="checkbox"/>
PHYSICAL FACILITIES			OUT	COS
46	Plumbing system properly installed; safe and in good repair ; no potential backflow or backsiphonage conditions.		X	<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.		XX	<input type="checkbox"/>
49	Design, construction, installation and maintenance proper floors/walls/ceilings.		XX	<input type="checkbox"/>
50	Adequate ventilation; lighting; <u>designated areas used</u> .			<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)
40	4.6c	PIC - Lisa → ISSUED CONDITIONAL ← Serv Safe - Dong Mei Lin exp 10/22/25 Grease Trap Serviced - Oil Rendering Group on 4/8/22 *Stove Hoods have accumulation of Grease Needs immediate service - -
Name of Inspecting Official		Signature of Inspecting Official
Shahira Morell		[Signature]
Name and Title of Person Receiving Copy of Report		
[Signature]		

4.6c Non-Food Contact surfaces of equipment shall be kept free of accumulation of grease, dust, food residue, etc.

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

ISSUED ←
CONDITIONAL

Name (Individual, Facility, Establishment, etc.)

Five Star Bridgewater

Date

6/28/22

BRIDGEWATER TOWNSHIP

Item No.

NJAC 8:24

Remarks

27 Observed foods stored uncovered in Fridge and stored on Floor

3.3 c viii Foods shall: be stored in covered containers or wrappings

3.3 g and stored 6" above the floor in a clean, dry location to avoid exposure to splash, dust, and other contaminants

43 Observed take out containers stored incorrectly

4.11 e 2 Ensure containers are inverted

44 Accumulation of grease on hoods and Food debris in drain currie cover, and shelves with debris

4.6 c Food + Non Food contact surfaces shall be kept Free of debris

45 Sanitizer Test Strips were not available during inspection: Bleach used as sanitizer

4.8 k, l A test kit shall be used to ensure concentration @ 100ppm

46 Foul odor observed when washing hands in kitchen by mop sink area and three compartment sink faucet needs repair OF Hot water in one Faucet

5.2 a 2 Plumbing system shall be maintained in good repair

Signature of Individual Completing Form

Rahim M. [Signature]

Signature of Owner of Facility, Establishment, etc. if required

[Signature]

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

→ ISSUED
CONDITIONAL

Name (Individual, Facility, Establishment, etc.)

Five Star

Date

6/28/22

BRIDGEWATER TOWNSHIP

Item No.	NJAC 8:24	Remarks
→ 48	Men's Restroom observed with Insufficient lighting	Women's Rm observed with open trash can
b.5a	Physical Facility shall be maintained in good repair	
b.6k	Provide garbage can with a cover due to Feminine products	
→ 49	Observed Walk-in Fridge Floor damaged and some areas need more maintenance	
51	Observed lots of unnecessary items stored on shelves over Food prep area and in storage Areas - Papers, cardboard, etc.	
* b.5j *	Premises shall be Free of items (remove them) that are not working or used to run your business	
50	Observed personal belongings on Freezer and on cutting board (cellphone)	
b.3c	Designate an area to place personal belongings away from Food prep areas to prevent contamination of Foods, food prep etc.	
A 2		
52	Food ^{New}	License, Fire Certificate, placard, and Serv safe were NOT posted
	Certifications shall be posted for customers to see - in public view	

Signature of Individual Completing Form

Ram Moell

Signature of Owner of Facility, Establishment, etc. if required

[Signature]