

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION <small>(Complete this section only if different from establishment information)</small>		ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT		ESTABLISHMENT TRADING NAME <i>Green Knoll Grill</i>		
NUMBER AND STREET <i>645 Route 202/206</i>	COUNTY <i>Somerset</i>	NUMBER AND STREET <i>645 Route 202/206</i>	COUNTY <i>Somerset</i>	
MUNICIPALITY	STATE	MUNICIPALITY <i>Bridgewater</i>	ZIP CODE <i>08807</i>	TELEPHONE NO.
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <small>(other than initial inspection)</small>		
<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
		<i>8/30/2021</i>		

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 <i>Patricia Timko-Parter</i> <i>R.E.H.S.</i>
	INSPECTOR'S SIGNATURE <i>Patricia Timko-Parter</i>
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>131934</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 Annual Inspect		Evaluation Conditionally SAT	
Name of Owner(s), Partnership or Corporation Green Knoll Grill		Trade Name Green Knoll Grill	
Reinspection on or After: 2 weeks			
Establishment Location (Street Address) 645 Route 202/206		City Somerset	Zip Code 08807
County Somerset		Co/Mun Code	
Establishment Mailing Address (if different)		Telephone No. 908-526-7090	E-mail Address
Name of Inspecting Official Patricia Timko Parker		REHS Lic. # B934	Name of Health Officer Kevin Sumner
Risk Type 3		License No.	

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

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
8/30/2011											

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	PIC in Risk Level 3 Retail Food Establishments is certified by January 2, 2010.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Handwashing facilities provided with warm water, soap and acceptable hand-drying method.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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"/>	<input type="checkbox"/>	<input 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"/>	<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 checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Food protected from contamination.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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 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 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"/>	<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 checked="" 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 checked="" 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 checked="" 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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
23	SPECIALIZED PROCESSING METHODS: Approval; written procedures; conducted properly.	<input type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Date

Green Knoll Grill

8/30/2021

BRIDGEWATER TOWNSHIP

Item No.	Remarks
1/2.1a	PIC - Bonifacio Diaz 732-718-3844. ServSafe IS For Joseph DiChiara. PIC needs to share all food handling safety information with all kitchen employees.
6/6.7n	Handwash sink in kitchen obstructed by cleaning supplies.
7/6.7j	No paper towels near handwash sink. Paper towel dispenser is broken.
12/3.3c	In downstairs (basement) walk-in, eggs stored above lines and raw beef stored above tomatoes. Spoke with person in charge about proper separation of raw foods from Ready to Eat Foods.
17/3.3g	Basement walk-in, Food stored on floor. Needs to be at least 6 inches off floor. Delivery from today on the floor outside of walk-in. All Food 6" off floor.
32/6.2n	Basement door and back doors both open allowing entry of vermin. PIC shut door (pos.).
34/4.2c	stem thermometers provided but not calibrated.
35/4.2c	NO thin probe thermometer for measuring thin foods
41/4.2c	Flip top unit on the left of cook/grill area missing thermometer. Upright refrigerator/freezer white unit in kitchen is missing thermometer
49/6.5b	Floors, walls, ceilings not clean to sight.

Signature of Individual Completing Form

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

John Turbato

[Signature]

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Green Knoll Grill

Date

8/30/2021

BRIDGEWATER TOWNSHIP

Item
No.

Remarks

51/4.4/n Cleaning equipment not stored properly.

Note: 3 comp sint. Quat test strips available.
+ 200ppm

Note: 3 Automatic Dishwasher 1800f at Knit Rinse

Note: Viking last out Aug 26th 2021

Note: PIC states grease trap in basement emptied a few weeks ago. Will check for receipt from maintenance. Told PIC that outside of grease trap should be clean to sight

Note: Reinspection in 2 weeks.

Rating: Conditionally Satisfactory

Signature of Individual Completing Form

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