



# SANITARY INSPECTION REPORT

Return 2 wks

IDENTIFICATION					
<b>OWNER INFORMATION</b> <i>(Complete this section only if different from establishment information)</i>			<b>ESTABLISHMENT INFORMATION</b>		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PIC - Tony			ESTABLISHMENT TRADING NAME Green Brook Pancake House		
NUMBER AND STREET			NUMBER AND STREET 297 US-22 East		
COUNTY			MUNICIPALITY Green Brook		ZIP CODE 08812
MUNICIPALITY		STATE	COUNTY Somerset	TELEPHONE NO. 732-424-	
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)	CO/MUN CODE 9191	
INSPECTION					
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify):  3 <input type="checkbox"/> 4 <input type="checkbox"/>		ESTABLISHMENT CODE	1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION (other than initial inspection)		
		GOODS	TIME - (2400 HOURS)		
		1 <input type="checkbox"/> DESTROYED	DATE	BEGIN	END
		2 <input type="checkbox"/> EMBARGOED	9/21/22	10:15 AM	1pm
EVALUATION					
<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>		
NAME, ADDRESS AND (print)			NAME OF INSPECTOR Shahira Morell		
			TITLE REHS		
TELEPHONE NUMBER 732-968-5151			INSPECTOR'S SIGNATURE Shahira Morell		
NAME OF HEALTH OFFICER Kevin Sumner			INSPECTOR'S PERM. REG. NO. B-164238	DATE 9/21/22	

# RISK-BASED INSPECTION REPORT

Conditional ←

Name of Establishment <i>Green Brook Pancake House</i>	City <i>Green Brook</i>	Date of Inspection <i>9/21/22</i>	Risk Type <i>3</i>
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## 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.	X		----	----	----
2	PIC in Risk Level 3 Retail Food Establishments is a certified food protection manager.	X		----	----	----
3	Ill or injured foodworkers restricted or excluded as required.			X	----	----
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.			X	----	----
5	Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.			X	----	----
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, <u>unobstructed</u> .		X	----	----	----
7	Handwashing facilities provided with warm water; soap and acceptable hand-drying method.		X	----	----	----
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.					
FOOD SOURCE		IN	OUT	N.O.	N/A	COS
9	All foods, including ice and water, from approved sources; with proper records			----	----	----
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction					
11	PHFs received at 41°F or below. <i>Except: milk, shell eggs and shellfish (45°F)</i>					
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			----	----	----
13	Food protected from contamination	X		----	----	----
14	Food contact surfaces properly cleaned and sanitized	X				
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) <i>Except: Foods may be served raw or undercooked in response to a consumer order and for immediate service.</i> <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.					
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.					
17	<b>COLD HOLDING:</b> PHFs maintained at "Refrigeration Temperatures" (41°F)	X				
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.					
19	<b>COOLING:</b> PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.					
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.					
21	<b>HOT HOLDING:</b> PHFs Hot Held at 135°F or above in appropriate equipment.	X				
22	<b>TIME as a PUBLIC HEALTH CONTROL:</b> Approval; written procedures; time marked; discarded in 4 hours.					
23	<b>SPECIALIZED PROCESSING METHODS:</b> Approval; written procedures; conducted properly.					
24	<b>HIGHLY SUSCEPTIBLE POPULATIONS:</b> Pasteurized foods used; prohibited foods not offered.			----	----	----

## 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.		
26	Food properly labeled, original container.		
27	Food protected from potential contamination during preparation, storage, display.	X	
28	Utensils, spatulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.	X	
29	Raw fruits and vegetables washed prior to serving.		
30	Wiping cloths properly used and stored.		
31	Toxic substances properly identified, stored and used. <i>Peppery bottles</i>	X	
32	Presence of insects/rodents minimized: outer openings protected, animals as allowed. <i>Flies present minimal</i>		
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).		

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**RISK-BASED INSPECTION REPORT  
(CONTINUED)**

Conditional ←

Name of Establishment <i>Green Brook Pancake House</i>	City <i>Green Brook</i>	Date of Inspection <i>9/21/22</i>	Risk Type <i>3</i>
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FOOD TEMPERATURE CONTROL		OUT	COS
34	Food temperature measuring devices provided and calibrated.		
35	Thin-probed temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish filets).		
36	Frozen foods maintained completely frozen.		
37	Frozen foods properly thawed.		
38	Plant food for hot holding properly cooked to at least 135°F.		
39	Methods for rapidly cooling PHFs are properly conducted and equipment is adequate.		

EQUIPMENT, UTENSILS AND LINENS		OUT	COS
40	Materials, construction, repair, design, capacity, location, installation, maintenance. ✓	X	
41	Equipment temperature measuring devices provided (refrigeration units, etc).		
42	In-use utensils properly stored. <i>ICE SCOOPS, SCOOPS FOODS</i>	X	
43	Utensils, single service items, equipment, linens properly stored, dried and handled.		
44	Food and non-food contact surfaces properly constructed, <u>cleanable</u> , used.	X	
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.	X	

PHYSICAL FACILITIES		OUT	COS
46	Plumbing system properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.		
47	Sewage and waste water properly disposed.		
48	Toilet facilities are adequate, properly constructed, properly maintained, supplied and <u>cleaned</u> .		
49	Design, construction, installation and <u>maintenance</u> proper-floors/walls/ceilings.		
50	Adequate ventilation; lighting; <u>designated areas used</u> .		
51	Premises maintained free of litter, <u>unnecessary articles</u> , cleaning and maintenance equipment properly stored; and garbage and refuse properly maintained.		
52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted. <i>SERV SAFE, Hand Wash</i>	X	

Item #	NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)
		<i>PIC - Tony</i>
		<i>Pest Control by Enviro-Safe monthly - last on 9/12/22</i>
		<i>Grease Trap serviced by ARP Environmental Soln's</i>
		<i>G.T. located outside - serviced on 9/12/23</i>
6		<i>Observed Employee hand wash sinks:</i>
7	6.7n	<i>- close to dishwash Area - Obstructed, NO SOAP NO paper towels</i>
40	6.7i	<i>- by walk-in Fridge - no paper towels</i>
	6.7j	<i>- by maple syrup / Drinks dispenser - NOT Labeled For hand washing</i>
	6.7g	<i>No paper towels, and sink w/ black mold like substance</i>
		<i>Employee bathroom w/o soap - have hand sanitizer</i>
		<i>↳ soap is best to WASH AWAY Fecal matter, etc.</i>

Name of Inspecting Official <i>Shahira Morell</i>	Signature of Inspecting Official <i>Shahira Morell</i>	Name and Title of Person Receiving Copy of Report <i>[Signature]</i>
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**CONTINUATION SHEET**  
(for Inspections, Surveys, Audits, etc.)

→ Conditional

NAME (Individual, Facility, Establishment, etc.) <i>Green Brook Pancake House</i>	DATE <i>9/21/22</i>
MUNICIPALITY <i>Green Brook</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>NJAC 8:24</i>
<i>6.7</i>	<i>- Ensure all sinks are supplied with soap, paper towels, and trash can nearby and that sinks are kept clean &amp; in good repair</i>
<i>6.7<sup>m</sup></i>	<i>- Label All Hand wash sinks for Hand wash only + Employee MUST WASH HANDS</i>
<i>27</i>	<i>Observed cut Fruit not to temp - containers stored over</i>
<i>28</i>	<i>block of ice -</i>
<i>42</i>	<i>Observed containers in units uncovered and utensil <del>in</del> submerged in Food/substance</i>
	<i>- improper container used for ice scoop inside ice machine</i>
	<i>- ice cream scoop stored in cup of water</i>
<i>3.3c</i>	<i>Foods shall be protected from cross contamination</i>
<i>3.3a</i>	<i>- cover containers</i>
<i>3.3k</i>	<i>- Employees are to wash hands and use correct utensils</i>
	<i>- Store scoops with handles above food product during pauses in Food prep</i>
<i>3.3k5</i>	<i>- ice is considered Food - provide clean, protected location for ice scoop</i>
<i>31</i>	<i>Observed spray bottles for sanitizer w/o label</i>
<i>7.1b</i>	<i>Ensure a label is on bottles to identify toxic substance</i>
<i>44</i>	<i>Observed refrigerators w/ food stuff / debris, dust etc in unit</i>
<i>4.6 b, c</i>	<i>Food + Non Food CONTACT SURFACES shall be cleaned frequently</i>

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>John Morell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>[Signature]</i>
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**CONTINUATION SHEET**  
(for Inspections, Surveys, Audits, etc.)

Conditional ←

NAME (Individual, Facility, Establishment, etc.) <span style="font-size: 1.2em;">Green Brook Pancake House</span>	DATE <span style="font-size: 1.2em;">9/21/22</span>
MUNICIPALITY <span style="font-size: 1.2em;">Green Brook</span>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
NJAC 8:24	
45	Observed dish washer thermometer not reaching temp and no test strips available to ensure sanitizer concentrate
4.9c	Replace temp gauge - wash 160°F Rinse 180°F
4.8	Provide test kit to check soln concentration
48	Observed bathroom facilities slightly soiled
6.6h	Toilet facilities and Fixtures, doors, shall be kept clean & in good repair.
50	Observed employee belongings in various areas of storage shelves Designate one area/shelf just for belongings
51	Observed some equipment that is not used/working in kitchen: Premises shall be kept free of items that are non-functional or used for operation of establishment
6.5j	
52	Ensure ServSafe Certificate is posted for customer view Label hand wash sink in kitchen
NOTE	Clean area around oil tank outside + contact dumpster company to replace damaged covers
NOTE	Storage of Foods & Napkins etc: Dry Storage: Re-organize for better flow

SIGNATURE OF INDIVIDUAL COMPLETING FORM <span style="font-size: 1.2em;">Kathie Morell</span>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <span style="font-size: 1.2em;">[Signature]</span>
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