



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 <i>PIC - Tony</i>			ESTABLISHMENT TRADING NAME <i>Green Brook Pancake House</i>			
NUMBER AND STREET			NUMBER AND STREET <i>297 US-22 East</i>			
COUNTY			MUNICIPALITY <i>Greenbrook</i>	ZIP CODE <i>08812</i>		
MUNICIPALITY		STATE <i>Somerset</i>	COUNTY	TELEPHONE NO. <i>732-424-</i>		
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE <i>9191</i>		
INSPECTION						
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER <i>(Specify):</i> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		ESTABLISHMENT CODE		1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
		GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED		TIME - (2400 HOURS)		
				DATE	BEGIN	END
				<i>10/21/21</i>	<i>9:15am</i>	<i>10:55am</i>
EVALUATION						
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY						
OFFICIAL(S)						
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL			
NAME, ADDRESS AND <i>(print)</i>			NAME OF INSPECTOR <i>Shahira Morell</i>			
			TITLE <i>REHS</i>			
TELEPHONE NUMBER <i>732-968-5151</i>			INSPECTOR'S SIGNATURE <i>Shahira Morell</i>			
NAME OF HEALTH OFFICER <i>Kevin Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B-164238</i>	DATE <i>10/21/21</i>		

RISK-BASED INSPECTION REPORT

Name of Establishment <i>Green Brook Pancake House</i>	City <i>Green Brook</i>	Date of Inspection <i>10/21/21</i>	Risk Type
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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, unobstructed.	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.			X			
FOOD SOURCE		IN	OUT	N.O.	N/A	COS	
9	All foods, including ice and water, from approved sources; with proper records	X		----	----		
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>			X			
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	X		----	----		
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	SAFE COOKING TEMPERATURES (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> 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.			X			
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.				X		
17	COLD HOLDING: PHFs maintained at "Refrigeration Temperatures" (41°F)	X					
18	COOLING: PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.			X			
19	COOLING: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.			X			
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.			X			
21	HOT HOLDING: PHFs Hot Held at 135°F or above in appropriate equipment.			X			
22	TIME as a PUBLIC HEALTH CONTROL: Approval; written procedures; time marked; discarded in 4 hours.						
23	SPECIALIZED PROCESSING METHODS: Approval; written procedures; conducted properly.						
24	HIGHLY SUSCEPTIBLE POPULATIONS: Pasteurized foods used; prohibited foods not offered.			----			
GOOD RETAIL PRACTICES							
<p>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</p>							
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. <i>WALK-IN Freezer</i>					X	
28	Utensils, spatulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.						
29	Raw fruits and vegetables washed prior to serving.						
30	Wiping cloths properly used and stored.						
31	Toxic substances properly identified, stored and used.						
32	Presence of insects/rodents minimized: outer openings protected, animals as allowed.						
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).						

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

Name of Establishment <i>Green Brook Pancake House</i>	City <i>Green Brook</i>	Date of Inspection <i>10/21/21</i>	Risk Type
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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.		
41	Equipment temperature measuring devices provided (refrigeration units, etc).		
42	In-use utensils properly stored. <i>Ice scoop</i>	X	
43	Utensils, single service items, equipment, linens properly stored, dried and handled.		
44	Food and non-food contact surfaces properly constructed, cleanable, used.		
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.		

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 cleaned.		
49	Design, construction, installation and maintenance proper-floors/walls/ceilings.		
50	Adequate ventilation; lighting; designated areas used.	X	
51	Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage and/refuse properly maintained.)	X	
52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.		

Item # NJAC 8:24 REMARKS ("R" = Repeat violation from previous inspection)

		<i>PIC - Tony - Antonis Nicolaou 5/6/24 exp</i>
		<i>ServSafe Christino Jimenez 5/6/24 exp</i>
		<i>Iakovos Savva 5/6/24 exp</i>
		<i>Exterminator - Monthly service</i>
		<i>-Enviro-Safe Pest Control, Inc</i>
<i>7</i>		<i>Observed Customer Bathrooms</i>
		<i>Men's Soap - almost done</i>
		<i>Women's - Needs soap</i>
		<i>Observed Employee Restroom in Back Kitchen Area</i>
		<i>Needs more CONCENTRATED soap</i>
		<i>It was very watery</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.)

NAME (Individual, Facility, Establishment, etc.) <i>Green Brook Pancake House</i>	DATE <i>10/21/21</i>
MUNICIPALITY <i>Green Brook</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
7	<i>Observed Employee Hand sink by ice machine in kitchen w/o paper towels and trash can</i>
8:24- 6.7i,j	<i>Ensure bathrooms and sinks are stocked w/soap and Hand drying method (paper towels)</i>
27	<i>Observed foods stored on floor of walk-in Freezer</i>
8:24- 3.3g	<i>Foods shall be stored 6" off the floor in a clean dry place to avoid contamination</i>
42	<i>Observed ice scoop inside ice machine in kitchen and black mold like substance on inside cover * Ice is considered Food</i>
8:24- 3.3k5	<i>Ice scoop shall be stored in a clean, protected location</i>
8:24-3.3j	<i>Foods shall contact surfaces of equipment and utensils that are clean and sanitized</i>
50	<i>Observed Employee belongings in various locations in back Rm. by employee bathroom</i>
8:24- 6.3C2	<i>Lockers or other suitable facilities shall be provided for the orderly storage of employee clothing and other belongings</i>

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

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ITEM NO.	REMARKS
51	After use mops shall be placed in a position that allows them to air dry
8:24-6.5 f.	6.5 i Maintenance tools such as brooms, mops, etc. shall be stored in an orderly manner +
51	Observed dumpsters with open lids and <u>old oil</u> *collection tanks (2) with built up <u>grease</u> on the outside <div style="margin-left: 150px;">TANKS NOT currently used * contact company to remove</div>
8:24-5.5m	Waste units shall be kept covered and 5.5 o shall be maintained free of unnecessary items and shall be clean to minimize attracting rodents and other pests to the area
Note -	Use sanitizer test strips to ensure proper sanitizer solution concentration - Chlorine is used
Note -	Review: Hand Washing procedure - Always wash hands before putting on (new) disposable gloves -
	Review: Change Gloves between different jobs mopping, throw out trash, Food service

SIGNATURE OF INDIVIDUAL COMPLETING FORM <u>Shahira Morell</u>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <u>[Signature]</u>
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