



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>JUAN Alvarez</i> | | | ESTABLISHMENT TRADING NAME <i>Mexico Grill</i> | | |
| NUMBER AND STREET | | | NUMBER AND STREET <i>1680 W 5 Hwy 22 East</i> | | |
| COUNTY | | | MUNICIPALITY <i>Wachusett</i> | | ZIP CODE |
| MUNICIPALITY | | STATE | COUNTY <i>Somerset</i> | TELEPHONE NO. <i>(903) 822-2211</i> | |
| ZIP CODE <i>(201) 878 6838</i> | CO/MUN. CODE | | ESTABLISHMENT STATE LICENSE NO. (If Appl.) | CO/MUN CODE | |
| INSPECTION | | | | | |
| TYPE OF ESTABLISHMENT | | ESTABLISHMENT CODE | | 1 <input type="checkbox"/> INITIAL INSPECTION | |
| 1 <input checked="" type="checkbox"/> RETAIL | | | | 2 <input type="checkbox"/> REINSPECTION (other than initial inspection) | |
| 2 <input type="checkbox"/> OTHER (Specify): | | | | | |
| 3 <input type="checkbox"/> | | GOODS | | TIME - (2400 HOURS) | |
| 4 <input type="checkbox"/> | | 1 <input type="checkbox"/> DESTROYED | | DATE | BEGIN |
| | | 2 <input type="checkbox"/> EMBARGOED | | <i>3/8/22</i> | <i>11:35 AM</i> |
| | | | | <i>11:50 AM</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 (print) <i>Middle-Brock Regional Health Comm. 111 Green Brook Rd Green Brook, NJ</i> | | | NAME OF INSPECTOR <i>Robyn Key</i> | | |
| TELEPHONE NUMBER <i>(732) 968-5151 x2</i> | | | TITLE <i>Sr. R.E.H.S.</i> | | |
| NAME OF HEALTH OFFICER <i>K.G. Sumner</i> | | | INSPECTOR'S SIGNATURE <i>Robyn Key</i> | | INSPECTOR'S PERM. REG. NO. <i>B-16419</i> |
| | | | DATE | | |

RISK-BASED INSPECTION REPORT

| | | | |
|--|------------------------|--------------------------------------|-----------------------|
| Name of Establishment <i>Mexico Grill</i> | City <i>Watauga</i> | Date of Inspection <i>2/18/22</i> | Risk Type <i>3</i> |
|--|------------------------|--------------------------------------|-----------------------|

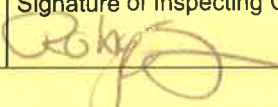
FOODBORNE ILLNESS RISK FACTORS AND INTERVENTIONS

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. | 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 | | | | X | | |
| 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 <i>Bag of Rice / Bag of Onions w/ Floor</i> | X | X | ---- | ---- | X | |
| 14 | Food contact surfaces properly cleaned and sanitized | | | | | | |
| 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. | X | | | | | |
| 23 | SPECIALIZED PROCESSING METHODS: Approval; written procedures; conducted properly. | | | | X | | |
| 24 | HIGHLY SUSCEPTIBLE POPULATIONS: Pasteurized foods used; prohibited foods not offered. | | | ---- | X | | |
| GOOD RETAIL PRACTICES | | | | | | | |
| <p>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></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. | | | | | | |
| 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 | | City | Date of Inspection | Risk Type | | |
|---------------------------------------|---|---|--------------------|---|------------|--|
| Mexico Grill | | Wahatchoo | 3/8/22 | 3 | | |
| 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. | | | | | |
| 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. | | | | | |
| 51 | Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage and refuse properly maintained. | | | | | |
| 52 | All required signs (handwashing, inspection placard, etc) provided and conspicuously posted. | | | | | |
| Item # | NJAC 8:24 | REMARKS ("R" = Repeat violation from previous inspection) | | | | |
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| | | | | | | |
| Name of Inspecting Official | | Signature of Inspecting Official | | Name and Title of Person Receiving Copy of Report | | |
| Robyn Key | |  | | Wilson R Santa | | |