SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT

NUMBER AND STREET

COUNTY

MUNICIPALITY | STATE

ZIP CODE | CO/MUN. CODE

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME
(1) RM 108 (2) North & South Cafe (3) Watchung Hills Regional High School

NUMBER AND STREET
108 Stirling Road

MUNICIPALITY
Warren Twp

ZIP CODE
07059

COUNTY
Somerset

TELEPHONE NO.
908-647-4800 Ext 4808

ESTABLISHMENT STATE LICENSE NO. *(If Appl.)*

CO/MUN CODE

INSPECTION

TYPE OF ESTABLISHMENT
1 ☐ RETAIL
2 ☒ OTHER *(Specify)*: School
3 ☐
4 ☐

ESTABLISHMENT CODE

GOODS
1 ☐ DESTROYED
2 ☐ EMBARGOED

1 ☒ INITIAL INSPECTION
2 ☐ REINSPECTION *(other than initial inspection)*

TIME - (2400 HOURS)		
DATE	BEGIN	END
11/1/21		

EVALUATION

☒ *SATISFACTORY* ☐ *CONDITIONALLY SATISFACTORY* ☐ *UNSATISFACTORY*

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND *(print)*
TOWNSHIP OF WARREN
46 MOUNTAIN BOULEVARD
WARREN, NJ 07059

TELEPHONE NUMBER
908-753-8000 Ext 238 237 239

NAME OF HEALTH OFFICER
Kevin Sumner

INSPECTING OFFICIAL

NAME OF INSPECTOR
Donna M. Ostman

TITLE
R.E.H.S.

INSPECTOR'S SIGNATURE
Donna M. Ostman

INSPECTOR'S PERM. REG. NO.
B-787

DATE

F-33
SEP 06

RISK-BASED INSPECTION REPORT

Name of Establishment	City	Date of Inspection	Risk Type
Watchung Hills Regional H.S.	Warren Twp	11/1/21	

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.			-----	-----	-----
2	PIC in Risk Level 3 Retail Food Establishments is a certified food protection manager.			-----		-----
3	Ill or injured foodworkers restricted or excluded as required.				-----	
	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.					
5	Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.				-----	
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.			-----	-----	
7	Handwashing facilities provided with warm water; soap and acceptable hand-drying method.			-----	-----	
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. *Except: milk, shell eggs and shellfish (45°F)*					
	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			-----	-----	
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) *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.					
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.					
17	**COLD HOLDING**: PHFs maintained at "Refrigeration Temperatures" (41°F)					
18	**COOLING**: PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.					
19	**COOLING**: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.					
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.					
21	**HOT HOLDING**: PHFs Hot Held at 135°F or above in appropriate equipment.					
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

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.		
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
Watchung Hills Regional HS	Warren Twp	11/1/21	

	FOOD TEMPERATURE CONTROL	OUT	COS
34	Food temperature measuring devices provided and calibrated.	X	
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.	X	
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.	X	
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)*
		South - Unit 39 - Check Temp - must be 41° or below
49		- Rear exterior door has paint chipped
49		- Paint is chipped on storage room floor
49		- Floor is discolored under equipment
34		North - small ice cream chest needs a thermometer & has accumulation of frost
49		Kitchen - Regrout & Repaint old grease trap

Name of Inspecting Official	Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report
Donna M. Ostman	Donna M. Ostman	T Kristian D Bylk

CONTINUATION SHEET
(For Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.)	DATE
Watchung Regional H.S.	11/1/21
MUNICIPALITY	**TEL., CODE or ID NO.**
Warren Twp	

ITEM NO.	REMARKS
	#108
	Storage
43	Food contact surfaces exposed & Nesting
	Noted of containers
	Kitchen
43	Storage containers - Nesting Noted

SIGNATURE OF INDIVIDUAL COMPLETING FORM	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED
Donna M Hartman	x Kristian D Byk

MS-5
OCT 08