



THE CITY OF ENGLEWOOD
DEPARTMENT OF HEALTH
 73 South Van Brunt Street
 Englewood, NJ 07631
 (201)568-3450

FAX (201) 568-5738
 http://www.cityofenglewood.org

RETAIL FOOD INSPECTION REPORT

Activity Type: **CHAPTER 24**

Evaluation: **SATISFACTORY**

Name of Owner(s), Partnership or Corporation CINZIA MACCHIONE		Trade Name DOLCE SEMIFREDDO DBA DOLCE DESSERTS		Reinspection ON or After:	
Establishment Location (Street Address) 176 SOUTH VAN BRUNT ST		City/State/Zip ENGLEWOOD, NJ 07631		County Bergen	
Establishment Mailing Address (if different) 340 BEATTIE RD		Telephone No (845)636-6015		E-mail Address INFO@DOLCE-SEMIFREDDO.COM	
Name of Inspecting Official Priscilla Lewis		REHS Lic# B-102092		Name of Health Officer JAMES FEDORKO	
		Risk Type 1		License No. A-100607	

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

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
------	------	-------	-------	------	------	-------	-------	------	------	-------	-------

FOOD BORNE 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 & PERSONNEL *****								IN	OUT	NO	NA	COS	RV
1.	PIC demonstrates knowledge of food safety principles pertaining to this operation.							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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, 2013.							<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
***** PREVENTING CONTAMINATION FROM HANDS *****								IN	OUT	NO	NA	COS	RV
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"/>	<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"/>	<input type="checkbox"/>
6.	Handwashing facilities provided in toilet rooms and prep areas, convenient, accessible, and unobstructed.							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Handwashing facilities provided with warm water; soap & acceptable hand drying method.							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
***** FOOD SOURCE *****								IN	OUT	NO	NA	COS	RV
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"/>	<input type="checkbox"/>
10.	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction.							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	PHFs received at 41F or below. Except milk, shell eggs and shellfish (45F).							<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
***** FOOD PROTECTED FROM CONTAMINATION *****								IN	OUT	NO	NA	COS	RV
12.	Proper separation of raw meats and raw eggs from ready-to-eat foods provided.							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Food protected from contamination.							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Food contact surfaces properly cleaned and sanitized.							<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
***** PHFs TIME/TEMPERATURE CONTROLS *****								IN	OUT	NO	NA	COS	RV
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. 130F for 112 minutes: Roasts or as per cooking chart found under 3.4(a)2; 145F: Fish, Meat, Pork; 155F: Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs; 165F: 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"/>	<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"/>	<input type="checkbox"/>
17.	COLD HOLDING: PHFs maintained at Refrigeration Temperatures (41F)							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	COOLING: PHFs rapidly cooled from 135F to 41F within 6 hours and from 135F to 70F within 2 hours.							<input type="checkbox"/>	<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 41F within 4 hours.							<input type="checkbox"/>	<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 165F; or commercially processed PHFs heated to at least 135F prior to hot holding.							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	HOT HOLDING: PHFs Hot Held at 135F or above in appropriate equipment.							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
23.	SPECIALIZED PROCESSING METHODS							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>



THE CITY OF ENGLEWOOD
DEPARTMENT OF HEALTH
 73 South Van Brunt Street
 Englewood, NJ 07631
 (201)568-3450

FAX (201) 568-5738
 http://www.cityofenglewood.org

RETAIL FOOD INSPECTION REPORT

Activity Type: **CHAPTER 24**

Evaluation: **SATISFACTORY**

***** SAFE FOOD & WATER/PROTECTION FROM CONTAMINATION *****								IN	OUT	NO	NA	COS	RV
25.	Hot and cold water available; adequate pressure.							<input type="checkbox"/>					
26.	Food properly labeled, original container.							<input type="checkbox"/>					
27.	Food protected from potentially contamination during preparation, storage, display.							<input type="checkbox"/>					
28.	Utensils, spatulas, tongs, forks, disposable gloves provided & used to restrict bare hand contact.							<input type="checkbox"/>					
29.	Raw fruits & vegetables washed prior to serving.							<input type="checkbox"/>					
30.	Wiping cloths properly used and stored.							<input type="checkbox"/>					
31.	Toxic substances properly identified, stored and used.							<input type="checkbox"/>					
32.	Presence of insects/rodents minimized; outer openings protected, animals are allowed.							<input type="checkbox"/>					
33.	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).							<input type="checkbox"/>					
***** FOOD TEMPERATURE CONTROL *****								IN	OUT	NO	NA	COS	RV
34.	Food temperature measuring devices provided and calibrated.							<input type="checkbox"/>					
35.	Thin-probed temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish fillets),							<input type="checkbox"/>					
36.	Frozen foods maintained completely frozen.							<input type="checkbox"/>					
37.	Frozen foods properly thawed.							<input type="checkbox"/>					
38.	Plant food for hot hot holding properly cooked to at least 135F.							<input type="checkbox"/>					
39.	Methods for rapidly cooling PHFs are properly conducted and equipment is adequate.							<input type="checkbox"/>					
***** EQUIPMENT, UTENSILS & LINENS *****								IN	OUT	NO	NA	COS	RV
40.	Materials, construction, repair, design, capacity; location, installation, maintenance.							<input type="checkbox"/>					
41.	Equipment temperature measuring devices provided (refrigeration units, etc).							<input type="checkbox"/>					
42.	In-use utensils properly stored.							<input type="checkbox"/>					
43.	Utensils, single service items, equipment, linens properly stored, dried, and handled.							<input type="checkbox"/>					
44.	Food and non-food contact surfaces properly constructed, cleanable, used.							<input type="checkbox"/>					
45.	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available.							<input type="checkbox"/>					
***** PHYSICAL FACILITIES *****								IN	OUT	NO	NA	COS	RV
46.	Plumbing system properly installed; safe and in good repair; no potential backflow or back siphonage conditions.							<input type="checkbox"/>					
47.	Sewage & waste water properly disposed.							<input type="checkbox"/>					
48.	Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.							<input type="checkbox"/>					
49.	Design, construction, installation & maintenance proper.							<input type="checkbox"/>					
50.	Adequate ventilation; lighting; designated areas used.							<input type="checkbox"/>					
51.	Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage and refuse properly maintained.							<input type="checkbox"/>					
52.	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.							<input type="checkbox"/>					

Item#	NJAC 8:24	REMARKS
		TRUE
Good		Certified food manager on premises during food preparation.
Good		Hand wash sink observed clean, supplied and accessible.
Good		Food handlers observed with hair restraints and utilizing utensils to deter cross contamination.
Good		Refrigeration and freezer units found within acceptable temperature ranges.
Good		Food items observed labeled as to contents.
Note		Posted Satisfactory.
Name of Inspecting Official		Signature of Inspecting Official
Priscilla Lewis		
		Name and Title of Person Receiving Copy of Report