



**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: **Re-Inspection**

Evaluation: **SATISFACTORY**

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Name of Owner(s), Partnership or Corporation<br><b>JAMES DU</b> |  | Trade Name<br><b>AKAI LOUNGE (DU ENTERPRISES)</b> |  | Reinspection ON or After:                      |  |
| Establishment Location (Street Address)<br><b>11 N DEAN ST.</b> |  | City/State/Zip<br><b>ENGLEWOOD, NJ 07631</b>      |  | County<br><b>Bergen</b>                        |  |
| Establishment Mailing Address (if different)                    |  | Telephone No                                      |  | Co/Mun Code<br><b>0215</b>                     |  |
| Name of Inspecting Official<br><b>Jennifer Galarza</b>          |  | REHS Lic#<br><b>B-102424</b>                      |  | Name of Health Officer<br><b>JAMES FEDORKO</b> |  |
|   |  | Risk Type<br><b>3</b>                             |  | License No.<br><b>A-100607</b>                 |  |

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

| Date       | Code | Began    | Ended    | Date | Code | Began | Ended | Date | Code | Began | Ended |
|------------|------|----------|----------|------|------|-------|-------|------|------|-------|-------|
| 07/07/2016 |      | 11:15 AM | 12:15 PM |      |      |       |       |      |      |       |       |

**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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13.   | Food protected from contamination.  |  |  |  |  |  |  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 14.   | Food contact surfaces properly cleaned and sanitized.   |  |  |  |  |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 21.   | HOT HOLDING: PHFs Hot Held at 135F or above in appropriate equipment.   |  |  |  |  |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input 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"/> |



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Activity Type: **Re-Inspection**

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

| Item#                       | NJAC 8:24   | REMARKS   |
|-----------------------------|---|---|
|                             |   | TRUE  |
| 12-cos                      | 3.3(c)1. ii. Separation of raw animal foods                       | Observed in the walk in refrigeration unit raw chicken stored on top of raw clams. Raw chicken must always be stored below other foods because the cooking temperature is the highest compared to all other foods.  |
| 28-COS                      | 3.3(b) Limitations for glove use                                  | Observed employess use the single use gloves for multiple tasks. Gloves are meant for one task. Employee was observed preparing sanitizer solution and then went to begin preparing sushi. Educated employee that gloves must be changed per task. Repeat violations. Employees need to be educated on when gloves must be changed. |
| 42-COS                      | 3.3(k) Storage during pauses in food preparation                  | Observed rice spoon in a container of stagnant water. Repeat Violation. Must discontinue this behavior.   |
| 43-COS                      | 4.11(e) Storage requirements                                      | Utensils observes by the sushi bar facing up. They must face down to prevent bare hand contact. Repeat Violation.   |
| 6-COS                       | 6.7(o) Prohibited use for other purposes                          | Observed employee rinse cucumber at the hand wash sink. Educated employee that hand wash sink is only for hand washing. Washing of vegetables must be done at the 2 compartment sink. The hand wash sink can not be used for other purposes.  |
| 45-cos                      | 4.8(l) Sanitizer concentration shall be checked with test kit     | Observed the sanitizer concentration at the sushi station over 200ppm. Employee replaced the sanitizer and checked the concentration with the test strips.  |
| 52                          | 6.6(j) Location of hand wash signs                                | Hand wash signs needed at the hand wash sink in the sushi area for both sinks. Reminder hand sinks can only be used for hand washing and no other purpose.  |
| 27-COS                      | 3.3(c)1. viii Storing food uncovered                              | Observed salads in the refrigerator uncovered with a pan sitting on top. Employee disrded salad and will beging to plastic wrap the slads before storing in the refrigeration and stacking the salads.  |
| 44                          | 4.6 (h, i) Cleaning Frequencies (microwaves, baking equip.)       | Seaweed containers needs to be cleaned out at a frequency necessary to prevent soil residue.  |
| 13                          | 2.4(a) Eating, drinking, tobacco use by food employees prohibited | Observed employees drinking out of water bottles at the sushi area. Employees are only allowed to drink out of beverage containers with a straw or other ways that will not contaminate the employees hands, gloves or foods.   |
| Name of Inspecting Official |   | Signature of Inspecting Official  |
| Jennifer Galarza            |   | JAMES DU  |
|                             |   | Name and Title of Person Receiving Copy of Report   |

