



**THE CITY OF ENGLEWOOD
DEPARTMENT OF HEALTH**

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<http://www.cityofenglewood.org>

RETAIL FOOD INSPECTION REPORT

Activity Type: **CHAPTER 24**

Evaluation: **SATISFACTORY**

Name of Owner(s),Partnership or Corporation KONSTANTINE KARABETSOS		Trade Name GUS STEEL GRILL		Reinspection ON or After:	
Establishment Location (Street Address) 558 GRAND AVE		City/State/Zip ENGLEWOOD, NJ 07631		County Bergen	Co/Mun Code 0215
Establishment Mailing Address(if different)		Telephone No		E-mail Address	
Name of Inspecting Official JF		REHS Lic # B-102424	Name of Health Officer JAMES FEDORKO	Risk Type 3	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
01/15/2016		12:45 PM	01:15 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	NON	NA	COS
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"/>
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"/>
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"/>
***** PREVENTING CONTAMINATION FROM HANDS *****		IN	OUT	NON	NA	COS
4.	Handwashing conducted in a timely manner; prior to work, after using restroom, etc.	<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 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 checked="" 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"/>
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"/>
***** FOOD SOURCE *****		IN	OUT	NON	NA	COS
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"/>
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"/>
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"/>
***** FOOD PROTECTED FROM CONTAMINATION *****		IN	OUT	NON	NA	COS
12.	Proper separation of raw meats and raw eggs from ready-to-eat foods provided.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
14.	Food contact surfaces properly cleaned and sanitized.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
***** PHFs TIME/TEMPERATURE CONTROLS *****		IN	OUT	NON	NA	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. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43.	Utensils, single service items, equipment, linens properly stored, dried, and handled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	Food and non-food contact surfaces properly constructed, cleanable, used.	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
***** PHYSICAL FACILITIES *****		IN	OUT	NON	A	COS
46.	Plumbing system properly installed; safe and in good repair; no potential backflow or back siphonage conditions.	<input type="checkbox"/>	<input checked="" 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"/>
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"/>
49.	Design, construction, installation & maintenance proper.	<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"/>
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"/>
52.	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item#	NJAC 8:24	REMARKS				
46	5.2a	Hand wash sink in the restroom was repaired but has a leak that requires further repair.				
Note:	Good	All other violations were corrected.				
Name of Inspecting Official		Signature of Inspecting Official		Name and Title of Person Receiving Copy of Report		
JF						