



**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 MARVIN C ORTOZ				Trade Name TIPICOS MORAZON RESTAURANT				Reinspection ON or After:				
Establishment Location (Street Address) 96 W PALISADE AVE				City/State/Zip ENGLEWOOD, NJ 07631				County Bergen		Co/Mun Code 0215		
Establishment Mailing Address(if different) 521-55TH ST				Telephone No (201)736-3076				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
01/12/2016		01:00 PM	02:45 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	NAC	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Ill or injured foodworkers restricted or excluded as required.						<input type="checkbox"/>				
***** PREVENTING CONTAMINATION FROM HANDS *****							IN	OUT	NON	NAC	COS
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"/>
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"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
***** FOOD SOURCE *****							IN	OUT	NON	NAC	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	NAC	COS
12.	Proper separation of raw meats and raw eggs from ready-to-eat foods provided.						<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	NAC	COS
15.	SAFE COOKING TEMPERATURES (Internal temperatures for raw animal foods for						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***** EQUIPMENT, UTENSILS & LINENS *****		IN	OUT	NON	A	C	OS
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 type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
***** PHYSICAL FACILITIES *****		IN	OUT	NON	A	C	OS
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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item#	NJAC 8:24	REMARKS					
	Good	Proper cooling methods observed.					
26	3.3d	Dry herbs must be labeled with contents name.					
		Items stored in the refrigerator and freezer must be stored in a way to prevent cross contamination. Observed pineapple stored below frozen octopus.					
26	3.6b	Items stored in the refrigerator for more than 24hr must have a label with name and sell by date.					
44	4.6c	Cardboard can not be used to store clean equipment on.					
27	3.3s	Food items inside Bain Marie observed stored on top of one another with no barrier (lid plastic wrap). For item on the bottom (COS)					
2	2.1b	Food manager must be on site at all time. Food Manager needed for night shift.					
28	3.3a2	Sugar observed container to have a plastic bowl instead of a scoop with handle. Sugar must be labeled.					
49	6.2a	Tiles on the floor in the restroom and extra kitchen must be replaced.					
50	6.3a	Light bulb in the restroom must be replaced					
8	3.3a2	Observed handling tortilla with bare hands must use tongs to handle them when they are in ready to eat form.					
	Note:	Person in charge has food handler certificate advise her she needs to upgrade to food manager by the next inspection. Advise that tortillas must be handled with tongs. Employee started using tongs.					
Name of Inspecting Official		Signature of Inspecting Official			Name and Title of Person Receiving Copy of Report		
JF							