



**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 <b>REV. ELOUISE HILL-CHALLENGER</b>		Trade Name <b>GALILEE UNITED METHODIST CHURCH</b>		Reinspection ON or After:	
Establishment Location (Street Address) <b>325 GENESEE AVE</b>		City/State/Zip <b>ENGLEWOOD, NJ 07631</b>		County <b>Bergen</b>	
Establishment Mailing Address (if different)		Telephone No		Co/Mun Code <b>0215</b>	
Name of Inspecting Official <b>Priscilla Lewis</b>		REHS Lic# <b>B-102092</b>		Name of Health Officer <b>JAMES FEDORKO</b>	
		Risk Type <b>1</b>		License No. <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
09/26/2016		01:00 PM	01:30 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

		IN	OUT	NO	NA	COS	RV
***** MANAGEMENT & PERSONNEL *****							
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 *****							
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
***** FOOD SOURCE *****							
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
***** FOOD PROTECTED FROM CONTAMINATION *****							
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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
***** PHFs TIME/TEMPERATURE CONTROLS *****							
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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>



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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"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Utensils, spatulas, tongs, forks, disposable gloves provided & used to restrict bare hand contact.		<input type="checkbox"/>	<input 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 checked="" 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 checked="" 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 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	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item#	NJAC 8:24	REMARKS						
		TRUE						
30	4.1(e) Sponges prohibited	Sponge observed for use at dishwasher sink- Refrain from use since sponges harbor bacterial growth and can cause possible cross contamination of food contact surfaces.						
41	4.2(c)5 Ambient air thermometers maintained and have appropriate range	Thermometer missing from warmest part of unit.						
Good		Restroom facilities observed clean and supplied.						

Note	Advised secretary to work to obtain food handlers certificate, in preparation for future events. Exhaust hood observed clean. Mr. Pest extermination services last visit 6,18.16. No foods prepared at time of inspection.	
Name of Inspecting Official	Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report
Priscilla Lewis		<i>BJ Boyle</i> <i>Priscilla Lewis</i>