



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: **CONDITIONAL**

| | | | | | | | | |
|--|--|--|--|--|--|---------------------------|--------------------------------|--|
| Name of Owner(s), Partnership or Corporation JAC, INC YOLANDA CASTRO | | | Trade Name SALVADOREAN DELI | | | Reinspection ON or After: | | |
| Establishment Location (Street Address) 36 W DEMAREST AVE | | | City/State/Zip ENGLEWOOD, NJ 07632 | | | County Bergen | Co/Mun Code 0215 | |
| Establishment Mailing Address (if different) 36 W DEMERAST | | | Telephone No (201)233-6638 | | | E-mail Address | | |
| Name of Inspecting Official Jennifer Galarza | | | 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 |
|------------|------|----------|----------|------|------|-------|-------|------|------|-------|-------|
| 11/14/2016 | | 02:30 PM | 03:50 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 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Food protected from contamination. | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Food contact surfaces properly cleaned and sanitized. | | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> |
| 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"/> |
| 21. | HOT HOLDING: PHFs Hot Held at 135F or above in appropriate equipment. | | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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: **Re-Inspection**

Evaluation: **CONDITIONAL**

| ***** 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 checked="" 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 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 checked="" 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 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 |
|-----------------------------|--|--|
| 7 | 6.7(i) Supplied with soap | Observed in the mens restroom no soap available for hand washing. Person in charge corrected |
| 14 | 4.8(j) Sanitizer concentrations too low | Observed inside the microwave a metal bowl with white vegetable rice at 70F. Employees were not able to explain since when the food has been out of temperature. Food at improper temperature can allow bacteria to grow. Person in charge voluntarily discarded it. |
| 21 | 3.5(f)1 Hot PHFs maintained at 135° | Observed pot of oxtails sitting on top of the counter at 86F. Employee told me it was placed there because they needed to use the stove. Foods must be kept at 135F. Person in charge reheated food to a minimum of 165F |
| 26 | 3.3(d) Containers Identified/Common Name | Bottles with sauces in the low boy refrigerator were observed without labels. Foods taken out of the original container or prepared and placed in another one must be labeled. |
| 32 | 6.2(k) Controlling Pests, Insects | Observed a few mouse droppings throughout establishment. It has greatly improved compared to the first inspection. Last visit from the pest control company was on 10/4/16. Must continue extermination until problem is resolved. |
| 14 | 4.8(j) Sanitizer concentrations too low | Observed no sanitizer at the 3 compartment sink. Employees must use sanitizer test strips to make sure sanitizer concentration is at 50-100ppm |
| Name of Inspecting Official | | Signature of Inspecting Official |
| Jennifer Galarza | | |
| | | Name and Title of Person Receiving Copy of Report |