

# CITY OF ENGLEWOOD

73 SOUTH VAN BRUNT STREET  
 ENGLEWOOD, NJ 07631  
 TEL: # (201) 568-3450

## RETAIL FOOD INSPECTION REPORT

Activity Type:  
**CHAPTER 24**

Evaluation:  
**SATISFACTORY**

Inspection Date: **11/27/2012** Reinspection ON or After: **5/27/2013**

OWNER NAME: **GLASS GARDENS - BEN GLASS**

TRADE NAME: **SHOPRITE OF ENGLEWOOD**

LOCATION (STREET ADDRESS): **40 NATHANIEL PL**

CITY: **ENGLEWOOD**

ZIP CODE: **07631**

MAILING ADDRESS: **40 NATHANIEL PL**

PHONE: **816-8330**

E-MAIL: **JACKIE.WALIS@WAKEFERN.COM**

INSPECTING OFFICIAL: **FAUSTO GARCIA JR** LICENSE #**B-2425**

HEALTH OFFICER: **NELSON XAVIER CRUZ**

LICENSE # **A-602**

RISK TYPE: **2**

**Time/Activity**

Date: **11/27/2012** Start Time -1 : **09:45** End Time: **11:35** Date: **11/27/2012** Start Time-2: End Time:

### FOODBORNE ILLNESS RISK FACTORS AND INTERVENTIONS

**RISK FACTOR** are improper practices identified as the most common factors resulting in foodborne illness **INTERVENTIONS** are control measures to prevent FBI.

"X" Marked in appropriate Boxes

IN=In Compliance - OUT=Not in Compliance - NO=Not Observed - NA=Not Applicable - COS=Corrected On-site - R=Repeat Violation

\*\*\*\*\* MANAGEMENT & PERSONNEL \*\*\*\*\*

IN	OUT	RV	NO	NA	COS	
0	****	FOODBORNE ILLNESS RISK FACTORS & INTERVENTIONS				****
0	****	MANAGEMENT & PERSONNEL				****
1		X				
2		X				
3				X		
4	****	PREVENTING CONTAMINATION FROM HANDS				****
4		X				
5		X				
6		X				
7		X				
8		X				
9	****	FOOD SOURCE				****
9		X				
10		X				
11				X		
12	****	FOOD PROTECTED FROM CONTAMINATION				****
12		X				
13		X				
14		X				
15	****	PHFs TIME/TEMPERATURE CONTROLS				****
15		X				
16					X	
17		X				
18		X				
19				X		
20				X		
21		X				
22					X	
23					X	
24					X	
25	****	SAFE FOOD & WATER/PROTOACTION FROM CONTAMINATION				****
25						
26						
27			X		X	
28						
29						

Name of Inspecting Official

Signature of Inspecting Official

Name and Title of Person Receiving Copy of Report

FAUSTO GARCIA JR

\*\*\*\*\* MANAGEMENT & PERSONNEL \*\*\*\*\*

IN OUT RV NO NA COS

30	Wiping cloths properly used and stored.						
31	Toxic substances properly identified, stored and used.						
32	Presence of insects/rodents minimized; outer openings protected, animals are allowed.						
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).						
34	**** FOOD TEMPERATURE CONTROL ****						
34	Food temperature measuring devices provided and calibrated.						
35	Thin-probed temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish fillets).						
36	Frozen foods maintained completely frozen.						
37	Frozen foods properly thawed.						
38	Plant food for hot hot holding properly cooked to at least 135F.						
39	Methods for rapidly cooling PHFs are properly conducted and equipment is adequate.						
40	**** EQUIPMENT, UTENSILS & LINENS ****						
40	Materials, construction, repair, design, capacity; location, installation, maintenance.						
41	Equipment temperature measuring devices provided (refrigeration units, etc).						
42	In-use utensils properly stored.						
43	Utensils, single service items, equipment, linens properly stored, dried and handled.						
44	Food and non-food contact surfaces properly constructed, cleanable, used.						
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.						
46	**** PHYSICAL FACILITIES ****						
46	Plumbing system properly installed; safe and in good repair; no potential backflow or back siphonage conditions.						
47	Sewage & waste water properly disposed.						
48	Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.						
49	Design, construction, installation & maintenance proper.						
50	Adequate ventilation; lighting; designated areas used.						
51	Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage and refuse properly maintained.						
52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.						

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Name of Inspecting Official	Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report
FAUSTO GARCIA JR		

Retail Food Establishment Inspection Report  
CITY OF ENGLEWOOD

**RETAIL FOOD INSPECTION REPORT  
(CONTINUED)**

11/27/2011 SHOPRITE OF ENGLEWOOD

Item #	NJAC 8:24	REMARKS
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OK Produce refrigeration 41°F  
OK Sliced fruits 39°F  
Ok Stephen McDonald CFM expires 5-30-13  
Ok Cheese at 39°F  
Ok 2nd refrigerator 37°F  
OK Frozen seafood 4.5°F  
OK Seafood 37°F  
OK Richard Gross CFM Exp 9-14-14  
OK Handwash sink stocked and operational fish Prep area  
OK Seafood tag holding procedure in place  
Ok Deli case 38°F  
COS must designate handwash sink in deli area; sink can only be used for handwashing or warewash washing  
OK Meat prep area handsink stocked and operational  
Ok Meat cut in chill room 45°F  
Ok Milk refrigerator 41°F  
OK eggs 34°F  
COS organic milks November 23 date; voluntarily discarded  
OK Dry storage items stored at least 6 inches off of the floor  
OK Public bathroom handsink stocked and operational  
OK Employee bathroom mens room stocked and operational  
Ok Pest control Rambug 1x a week last visit 11/26/12  
OK Hot holding rotisserie chicken 148°F

Satisfactory Posted

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FAUSTO GARCIA JR		