

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: **10/16/2012** Reinspection ON or After: **2/16/2013**

OWNER NAME: **POMPTONIAN FOOD MARK VIDOVICH-**
 LOCATION (STREET ADDRESS): **55 DEMAREST AVE**
 MAILING ADDRESS: **55 DEMAREST AVE**
 INSPECTING OFFICIAL: **FAUSTO GARCIA JR** LICENSE #:**B-2425**

TRADE NAME: **DMEIS- ALTERNATE PROGRAM**
 CITY: **ENGLEWOOD** ZIP CODE: **07631**
 PHONE: E-MAIL:
 HEALTH OFFICER: **NELSON XAVIER CRUZ** LICENSE # **A-602**
RISK TYPE: 3

Time/Activity

Date: **10/16/2012** Start Time -1 : **12:00** End Time: **13:00** Date: **10/16/2012** 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		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			X			
27			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.		X				
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.		X				
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.		X				
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.						

--	--	--

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)**

10/16/2011 DMEIS- ALTERNATE PROGRAM

Item #	NJAC 8:24	REMARKS
--------	-----------	---------

OK Power refrigerator 40°F
4.6 Gasket must be replaced on powers refrigerator
OK Rice 145°F in hot hold
OK Pizza 148°F in hot hold, Chicken 145°F
OK Beverage Air refrigerator 39°F
OK Estate Freezer 6°F Products frozen solid
OK Handsink stocked and operational
OK thermometer available for measuring food temps
COS 2 Compartment sink not used correctly; educated employee on proper use
4.8K Sanitizer test strips required
COS Salas bar items 52°F moved in and out of refrigerator
OK Snapple refrigerator 39°F
3.3D Condiment bottles need labels
3.3 t salad bar needs sneeze guard
4.3d Utensils must be stored in a sanitary manner
OK Pest control through Western Pest Control 1 time a month last visit 10/12
Ok Employee observed washing hands before serving food
OK CFM Annette Wroten Serv safe certified
3.3M Rags must be stored in bucket with sanitizer Solution

Satisfactory Posted

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