



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				Trade Name CUPCAKES BY CAROUSEL				Reinspection ON or After:				
Establishment Location (Street Address) 31 N DEAN ST.				City/State/Zip ENGLEWOOD, NJ 07631				County Bergen		Co/Mun Code 0215		
Establishment Mailing Address(if different)				Telephone No				E-mail Address				
Name of Inspecting Official Priscilla Lewis				REHS Lic # B102092		Name of Health Officer JAMES FEDORKO		Risk Type 1		License No.		
TIME/ACTIVITY REPORT (Codes: 1-Travel, 2-Inspection, 3-Administration)												
Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended	
07/22/2014		04:10 PM	04:30 PM									
FOOD BORNE ILLNESS RISK FACTORS AND INTERVENTIONS												
<p>RISK FACTORS are improper practices identified as the most common factors resulting in foodborne illness (FBI). INTERVENTIONS are control measures to prevent FBI.</p> <p>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</p>												
***** MANAGEMENT & PERSONNEL *****								IN	OUT	NO	NA	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
***** PREVENTING CONTAMINATION FROM HANDS *****								IN	OUT	NO	NA	COS
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"/>
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"/>
6.	Handwashing facilities provided in toilet rooms and prep areas, convenient, accessible, and unobstructed.							<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
***** FOOD SOURCE *****								IN	OUT	NO	NA	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	NO	NA	COS
12.	Proper separation of raw meats and raw eggs from ready-to-eat foods provided.							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
14.	Food contact surfaces properly cleaned and sanitized.							<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
***** PHFs TIME/TEMPERATURE CONTROLS *****								IN	OUT	NO	NA	COS
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 checked="" 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"/>
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"/>
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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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"/>

23.	SPECIALIZED PROCESSING METHODS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



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***** SAFE FOOD & WATER/PROTECTION FROM CONTAMINATION *****		IN	OUT	NO	NA	COS
25.	Hot and cold water available; adequate pressure.	<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"/>
27.	Food protected from potential contamination during preparation, storage, display.	<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"/>
29.	Raw fruits & vegetables washed prior to serving.	<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"/>
31.	Toxic substances properly identified, stored and used.	<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"/>
33.	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
***** FOOD TEMPERATURE CONTROL *****		IN	OUT	NO	NA	COS
34.	Food temperature measuring devices provided and calibrated.	<input type="checkbox"/>	<input checked="" 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"/>
36.	Frozen foods maintained completely frozen.	<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"/>
38.	Plant food for hot holding properly cooked to at least 135F.	<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"/>
***** EQUIPMENT, UTENSILS & LINENS *****		IN	OUT	NO	NA	COS
40.	Materials, construction, repair, design, capacity; location, installation, maintenance.	<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"/>
42.	In-use utensils properly stored.	<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 checked="" 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"/>
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"/>
***** PHYSICAL FACILITIES *****		IN	OUT	NO	NA	COS
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"/>
47.	Sewage & waste water properly disposed.	<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"/>
49.	Design, construction, installation & maintenance proper.	<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"/>
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"/>
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"/>
Item#	NJAC 8:24	REMARKS				
Note:		PIC Melissa Giron				
6	6.7 n	Knife observed in hand wash sink obstructing from efficient hand washing. PIC removed immediately. COS- Instructed not to block hand wash sink, utilize for hand washing only.				

43	4.11 e	Observed in basement storage area boxes for holding cupcakes stationed directly on floor. Instructed to maintain all supplies 6 inches or more to deter possible rodent attraction.
34	4.2 c 1	Thermometer missing for Avanti milk refrigeration unit. Informed PIC to ensure thermometer is placed in warmest part of unit to ensure products are maintained at 41 F or below.
Good		Refrigeration Temperatures: Kelvinator 38 F, Kelvinator Freezer 5.0F, Freezer # 2 13.5 F, Kelvinator freezer (Use First Unit) 18 F.
Good		Hand wash sink & restroom provided with soap, paper towels and hot water.
Good		JD Embrosio Pest Control last service performed 7/16/14.
Name of Inspecting Official		Signature of Inspecting Official
Priscilla Lewis		
		Name and Title of Person Receiving Copy of Report