



RETAIL FOOD INSPECTION REPORT

Activity Type: **CHAPTER 24**

Evaluation: **SATISFACTORY**

| | | | | | | | |
|---|--|--|--|--|-----------------------|----------------------------|--|
| Name of Owner(s), Partnership or Corporation DR. SHARMA MD. | | Trade Name BASIL INDIAN CUISINE | | Reinspection ON or After: | | | |
| Establishment Location (Street Address) 120 GRAND AVE | | City/State/Zip ENGLEWOOD, NJ 07631 | | County Bergen | | Co/Mun Code 0215 | |
| Establishment Mailing Address (if different) 2 DEAN DRIVE | | Telephone No (201)567-4477 | | E-mail Address PKSHARMAMD@AOL.COM | | | |
| Name of Inspecting Official Fausto Garcia | | REHS Lic # B-102425 | Name of Health Officer JAMES FEDORKO | | Risk Type 2 | License No. | |

TIME/ACTIVITY REPORT (Codes: 1-Travel, 2-Inspection, 3-Administration)

| Date | Code | Began | Ended | Date | Code | Began | Ended | Date | Code | Began | Ended |
|------------|------|----------|----------|------|------|-------|-------|------|------|-------|-------|
| 01/08/2014 | | 12:30 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 |
|---|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| ***** 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"/> |
| 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"/> |
| 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 ***** | | | | | | |
| 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"/> |
| 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"/> |
| 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"/> |
| 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 checked="" type="checkbox"/> | <input 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"/> |
| 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 ***** | | | | | | |
| 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"/> |
| 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 checked="" 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 checked="" 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 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"/> |
| 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 checked="" 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"/> |
| 21. | HOT HOLDING: PHFs Hot Held at 135F or above in appropriate equipment. | <input checked="" type="checkbox"/> | <input 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"/> |
| 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 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 potentially 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 checked="" 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 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 checked="" 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 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 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 | | | | | |
| 30 | 3.3m | In use rags observed on prep table; In use rags must be kept in bucket with sanitizing solution to prevent cross contamination | | | | | |
| 35 | 4.2c2 | Thin probe thermometer not available; thin probe thermometer must be available to ensure foods are cooked to temperatures high enough for bacterial destruction | | | | | |
| OK | | Freezer 0 degrees F | | | | | |
| OK | | Dasani refrigerator 36 degree F | | | | | |
| OK | | Elvis F D" Cruze CFM through food safety professional exp 3/22/16 | | | | | |
| ok | | Hot hold rice 152 degrees F | | | | | |
| OK | | roger and sons refrigerator 35 degree F | | | | | |
| ok | | all food items covered | | | | | |
| OK | | Bain Marie 40 degrees F | | | | | |
| OK | | Low boy 40 degree F | | | | | |
| Note | | Walk in box empty un plugged and not in use | | | | | |
| OK | | hood suppression system recently cleaned | | | | | |

| | | |
|-----------------------------|--|--|
| Ok | | sanitizer test strips available |
| OK | | Kitchen hand sink stocked with hot water soap and paper towels |
| OK | | proper use of 3 compartment sink demonstrated by employee in kitchen |
| OK | | Men's bathroom hand sink stocked with hot water soap, and paper towels |
| Ok | | Women's bathroom stocked with hot water, soap and paper towels |
| OK | | Saffron rice hot held 140 degree f |
| OK | | curry chicken hot held 141 degree F |
| OK | | Lamb 138 degrees F hot held |
| OK | | Pest control services through mighty cat provided at 1 x a month |
| | | Satisfactory Posted |
| Name of Inspecting Official | | Signature of Inspecting Official |
| Fausto Garcia | | |
| | | Name and Title of Person Receiving Copy of Report |
| | | |