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: **CO INSP** Evaluation: **APPROVED**

Name of Owner(s),Partnership or Corporation			Trade Name **SUSHI TATSU**	Reinspection ON or After:	
Establishment Location (Street Address) **10 ENGLE 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 **JF**		REHS Lic # **B-102424**	Name of Health Officer **JAMES FEDORKO**	Risk Type	License No.

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

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended

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
1.	PIC demonstrates knowledge of food safety principles pertaining to this operation.					
2.	PIC in Risk Level 3 Retail Food Establishments is certified by January 2, 2013.					
3.	Ill or injured foodworkers restricted or excluded as required.					
	********** PREVENTING CONTAMINATION FROM HANDS **********	IN	OUT	NO	NA	COS
4.	Handwashing conducted in a timely manner; prior to work, after using restroom, etc.					
5.	Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.					
6.	Handwashing facilities provided in toilet rooms and prep areas, convenient, accessible,and unobstructed.					
7.	Handwashing facilities provided with warm water; soap & acceptable hand drying method.					
8.	Direct bare hand contact with exposed, ready-to-eat foods is avoided.					
	********** FOOD SOURCE **********	IN	OUT	NO	NA	COS
9.	All foods, including ice and water, from approved sources with proper records.					
10.	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction.					
11.	PHFs received at 41F or below. Except milk, shell eggs and shellfish (45F).					
	********** FOOD PROTECTED FROM CONTAMINATION **********	IN	OUT	NO	NA	COS
12.	Proper separation of raw meats and raw eggs from ready-to-eat foods provided.					
13.	Food protected from contamination.					
14.	Food contact surfaces properly cleaned and sanitized.					
	********** 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.					
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.					
17.	COLD HOLDING: PHFs maintained at Refrigeration Temperatures(41F)					
18.	COOLING: PHFs rapidly cooled from 135F to 41F within 6 hours and from 135F to 70F within 2 hours.					
19.	COOLING: PHFs prepared from ingredients at ambient temperature cooled to 41F within 4 hours.					
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.					
21.	HOT HOLDING: PHFs Hot Held at 135F or above in appropriate equipment.					
22.	TIME as a PUBLIC HEALTH CONTROL: Approval; written procedures; time marked; discarded in 4 hours.					
23.	SPECIALIZED PROCESSING METHODS					
24.	HIGHLY SUSCEPTIBLE POPULATIONS: Pasteurized foods used; prohibited foods not offered.					

THE CITY OF ENGLEWOODDEPARTMENT OF HEALTH73 South Van Brunt StreetEnglewood, NJ 07631(201)568-3450

FAX (201) 568-5738http://www.cityofenglewood.org

RETAIL FOOD INSPECTION REPORT

Activity Type: **CO INSP** Evaluation: **APPROVED**

	********** SAFE FOOD & WATER/PROTECTION FROM CONTAMINATION **********	IN	OUT	NO	NA	COS
25.	Hot and cold water available; adequate pressure.					
26.	Food properly labeled, original container.					
27.	Food protected from potentially contamination during preparation, storage, display.					
28.	Utensils, spatulas, tongs, forks, disposable gloves provided & used to restrict bare hand contact.					
29.	Raw fruits & vegetables washed prior to serving.					
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).					
	********** FOOD TEMPERATURE CONTROL **********	IN	OUT	NO	NA	COS
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.					
	********** EQUIPMENT, UTENSILS & LINENS **********	IN	OUT	NO	NA	COS
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.					
	********** PHYSICAL FACILITIES **********	IN	OUT	NO	NA	COS
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 freee 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.					

Item#	NJAC 8:24	REMARKS

Name of Inspecting Official	Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report
Jennifer Galarza		