



RETAIL FOOD INSPECTION REPORT

Activity Type: **CHAPTER 24**

Evaluation: **CONDITIONAL**

Name of Owner(s), Partnership or Corporation ANTHONY MINUTO				Trade Name BINGHAMTON BAGEL CAFE				Reinspection ON or After:			
Establishment Location (Street Address) 52 E PALISADE AVE				City/State/Zip ENGLEWOOD, NJ 07631				County Bergen		Co/Mun Code 0215	
Establishment Mailing Address (if different) 14 WILLOW HILL				Telephone No				E-mail Address			
Name of Inspecting Official JF				REHS Lic # B-102424		Name of Health Officer JAMES FEDORKO		Risk Type 3		License No. A-100607	

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

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
10/19/2015		12:45 PM	02:10 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

***** 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Ill or injured foodworkers restricted or excluded as required.							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 *****								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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 *****								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 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"/>				
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 checked="" type="checkbox"/>	<input 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 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 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 checked="" 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 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50.		Adequate ventilation; lighting; designated areas used.	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item#	NJAC 8:24	REMARKS						
7	6.7j	Hand sink missing paper towels- COS						
52	6.6j	Hand sink missing hand wash sign						
50	4.3b	Hood system extremely soiled with grease must be cleaned immediately.						
40	4.5c	Cutting boards must be replaced						
30	3.3m2ii	No sanitizer in sanitizer bucket with rags- COS						
32	6.2k	Observed many flies in the establishment						
44	4.6c	Food debris observed on lids of food containers. They must be cleaned as often as necessary to prevent accumulation						
30	3.2m	Used rags were improperly stored.						
43	4.11e	Clean equipment and utensils must be stored in a clean location						
49	6.2c	Broken tile on the floor must be repaired						
Good		MD pest control last visit 9-30-15						
12	3.3ci	Observed ham laying on top of shelled eggs inside bain marie. Employee discarded ham. Advised to keep ready to eat foods away from shelled eggs						
44	4.6c	bain marie must also be cleaned out as often as necessary to avoid food debris accumulation						
2	2.1b	Food manager certification expired						
		Conditional placard posted						
Name of Inspecting Official		Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report					
JF								

