2019

II-00154

ENTERED ON: / /
BY:

SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Mr. Daniel Caldwell

NUMBER AND STREET | COUNTY

MUNICIPALITY: SAME ⇒ | STATE

ZIP CODE

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: Venox Cafe ATL

NUMBER AND STREET: 2730 Atlantic Avenue | COUNTY

MUNICIPALITY: Atlantic City | ZIP CODE: 08401 | TELEPHONE NUMBER (609) 347-3000

ESTABLISHMENT STATE LICENSE NUMBER (If applicable): Lic ID#LH-07763 | COMUN. CODE: 0102

INSPECTION

TYPE OF ESTABLISHMENT
- [X] 1 RETAIL
- [ ] 2 OTHER (Specify)
- [ ] 3
- [ ] 4

RISK TYPE: II (30000 Sq Ft) Less than 3,000 SQ FT

GOODS
- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

- [X] 1 INITIAL INSPECTION
- [ ] 2 REINSPECTION
- [ ] 3 OTHER

TIME - (2400 HOURS)

DATE	BEGIN	END
2-22-19	1130 AM	300 PM

NJSA 24:15(2-11)

EVALUATION

- [X] SATISFACTORY
- [ ] CONDITIONALLY SATISFACTORY
- [ ] UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS and TELEPHONE NUMBER *(Print)*

Atlantic City Division of Health
City Hall Room 403
1301 Bacharach Blvd.
Atlantic City, NJ 08401 - 4603
(609) 347-5671

Any person who disagrees with violations or evaluation contained in this report is entitled to a hearing before:

Health Officer: Ann Marie Ruiz

INSPECTING OFFICIAL

INSPECTOR'S NAME and TITLE: Rodney Hammock REHS

INSPECTOR'S SIGNATURE: Rodney Hammock

INSPECTOR'S PERM. REG. NUMBER: 8-2010

White Copy: FOOD ESTABLISHMENT Canary Copy: LOCAL BOARD OF HEALTH Pink Copy: INSPECTING OFFICER

ATLANTIC CITY HEALTH DEPARTMENT II-00154
CONTINUATION FORM DATE: 2-22-19

- LENOX Cafe -

Note: Facility is a Risk type 2 facility with minor hot hold & cooling down of product - Most foods served here are made to order - only Breakfast / Lunch served - menu included in report -

Note: Facility was previously closed (August 2018) due to a fire associated with the building (not restaurant) but fire affected the back area of restaurant -

Note: Facility just opened (2) days ago - observed Ansul System - was inspected by fire & so was the fire extinguisher - overall cleanliness from grill - see pictures attached -

Note: All food prepared on premises come from Stan's Club - Pville, NJ - bread & rolls come from Grasbury Bakery - Hammonton, NJ -

- Back Storage / Prep Area -

Note: Listed below are the ambient air temp of equipment -

(1) Frigidaire Freezer = 6°F
(Frozen Foods)

ATLANTIC CITY HEALTH DEPARTMENT II-00154
CONTINUATION FORM DATE: 2-22-19

-Lenox Cafe-

-Back storage / Prep Area-

3 Dr Delfield Ref unit - 38°F
Left side - 32°F
(Beverages / Bread)
center / Right side - 38°F
(Steak (raw) - 40°F)
(Breakfast sausage (pork) - 38°F)
(Ham steak (cooked) - 38°F)
(Chicken breast (raw) - 32°F)
(yellow & white American Cheese - 40°F)

3.3(c,i) Observed Milk (raw) Pork (sausage) & Steak (beef) stored above RTE foods & beverages-

6.5(a) Observed minor hole on floor/wall meet across from Frigidaire Freezer unit- needs to be closed up-

3.3(d) Observed several items stored in plastic bags taken out of original container - with NO labels-

4.11(e2) Observed eating utensils (forks & spoons) stored to.
4.11(F) Air dry (after wash, rinse & sanitize) where eating surfaces will be touched-

Note: Observed 3 compartment sink set up for wash, rinse & sanitize - water temp is 121F - Sanitizer used Chlorine - No leaks Present-

ATLANTIC CITY HEALTH DEPARTMENT
CONTINUATION FORM

DATE: 2-22-19

- Lenox Cafe – Back Storage / Prep Area –

4.8(k) Observed NO sanitizer test strips available to accurately test sanitizer strength –

4.5(a) Observed mop sink faucet is found minor hole to drain line (possible vermin entrance) – Repair hole –

3.5(e) Observed pot of potatoes cooling to be used for home fries – not acceptable method of cooling – Acceptable methods listed below:
- smaller containers (sheet pans) / longer surface area –
- Ice Baths –
- Adding Ice to product –

- Front Counter / Service Line –

Note: Observed food service worker (Ms. Dan-current) to be reviewing food safety, gloves & hair restraint (hat) – while cooking & preparing sandwiches –

Note: Observed (1) True Basil Manager in this area – & found the ambient air temp to be 34°F
(refrigerated cheese – 40°F)
(provolone cheese – 41°F)
(Breakfast Sausage (pork-raw) – 41°F)
(ham (cold cuts) – 38°F)
(Scrapple – 41°F)
(Butter – 40°F)

ATLANTIC CITY HEALTH DEPARTMENT
CONTINUATION FORM

DATE: 2-22-19

- Lenox Cafe -

- Front Counter / Service Line -

6-7(o) Observed tissues stored in handsink at front line - Sink only used for hands -

Note: Observed handsink set up supplied with soap, paper towels, hot water - water temp 102°F -

Note: Observed exhaust hood at front line, but it is not properly expelling smoke, odors, fumes from cooking area -

Note: Observed coffee station - no violations, creamer used - no refrigeration needed -

5-5(a) Observed bathroom & found light switch & found a gasketed size hole next to switch -

02: Observed (1) handsink in bathroom area - supplied with soap, paper towels, hot water, water temp is > 100°F -

02: Trash in area - maintained - trash disposed by Waste Management weekly -

RISK-BASED INSPECTION REPORT

Name of Establishment	City	Date of Inspection	Risk Type
Lenox Cafe	A.C.	2-12-19	2

FOODBORNE 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 AND PERSONNEL	IN	OUT	N.O.	N/A	COS
1	PIC demonstrates knowledge of food safety principles pertaining to this operation.	X		—	—	—
2	PIC in Risk Level 3 Retail Food Establishments is certified by *January 2, 2010.*			—	X	—
3	Ill or injured foodworkers restricted or excluded as required.	X			—	
	PREVENTING CONTAMINATION FROM HANDS	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
4	Handwashing conducted in a timely manner; prior to work, after using restroom, etc.	X				
5	Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.	X			—	
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	X		—	—	
7	Handwashing facilities provided with warm water; soap and acceptable hand-drying method.	X		—	—	
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	X				
	FOOD SOURCE	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
9	All foods, including ice and water, from approved sources; with proper records	X		—	—	
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction				X	
11	PHFs received at 41°F or below. *Except: milk, shell eggs and shellfish (45°F)*			X		
	FOOD PROTECTED FROM CONTAMINATION	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
12	Proper separation of raw meats and raw eggs from ready-to-eat foods provided		X	—		X
13	Food protected from contamination	X		—	—	
14	Food contact surfaces properly cleaned and sanitized	X				
	PHFs TIME/TEMPERATURE CONTROLS	**IN**	**OUT**	**N.O.**	**N/A**	**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. **130°F** *for 112 minutes*: Roasts or as per cooking chart found under 3.4(a)2; **145°F**: Fish, Meat, Pork; **155°F**: Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs; **165°F**: Poultry; Stuffed fish/meat/or pasta; Stuffing containing fish/meat.			X		
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.				X	
17	**COLD HOLDING**: PHFs maintained at "Refrigeration Temperatures" (41°F)	X				
18	**COOLING**: PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.			X		
19	**COOLING**: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.			X		
20	**REHEATING**: PHFs rapidly reheated (within 2 hours) in proper facilities to at least 165°F; or commercially processed PHFs heated to at least 135°F prior to hot holding.			X		
21	**HOT HOLDING**: PHFs Hot Held at 135°F or above in appropriate equipment.			X		
22	**TIME as a PUBLIC HEALTH CONTROL**: Approval; written procedures; time marked; discarded in 4 hours.				X	
23	**SPECIALIZED PROCESSING METHODS**: Approval; written procedures; conducted properly.				X	
24	**HIGHLY SUSCEPTIBLE POPULATIONS**: Pasteurized foods used; prohibited foods not offered.			—	X	

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.

OUT= Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box

	SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION	OUT	COS
25	Hot and cold water available; adequate pressure.		
26	Food properly labeled, original container.		
27	Food protected from potential contamination during preparation, storage, display.		
28	Utensils, spatulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.	X	
29	Raw fruits and 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 as allowed.		
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).		

RISK-BASED INSPECTION REPORT
(CONTINUED)

Name of Establishment	City	Date of Inspection	Risk Type
Lenox Cafe	A. C.	2-22-19	2

	FOOD TEMPERATURE CONTROL	OUT	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 filets).		
36	Frozen foods maintained completely frozen.		
37	Frozen foods properly thawed.		
38	Plant food for hot holding properly cooked to at least 135°F.		
39	Methods for rapidly cooling PHFs are properly conducted and equipment is adequate		
	EQUIPMENT, UTENSILS AND LINENS	**OUT**	**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, used.		
	PHYSICAL FACILITIES	**OUT**	**COS**
46	Plumbing system properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.		
47	Sewage and waste water properly disposed.		
48	Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.		
49	Design, construction, installation and maintenance proper-floors/walls/ceilings.		
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.		

Item #	NJAC 8:24	**REMARKS** *("R" = Repeat violation from previous inspection)*

Name of Inspecting Official	Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report
Rodney Hammond		

2016

IG-07887

ENTERED ON: 11

BY:

SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Daniel Caldwell

NUMBER AND STREET: Same ⟹ COUNTY:

MUNICIPALITY: STATE:

ZIP CODE:

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: Lenox Cafe

NUMBER AND STREET: 2730 Atlantic AVE COUNTY: Atlantic

MUNICIPALITY: Atlantic City ZIP CODE: 08401 TELEPHONE NUMBER: 347-3000

ESTABLISHMENT STATE LICENSE NUMBER (If applicable): LG-02918 COMUN. CODE: 0102

NJSA 24:15 (2-11) **INSPECTION** NJAC 8:24

TYPE OF ESTABLISHMENT
- [1] RETAIL
- [2] OTHER (Specify)
- [3]
- [4]

RISK TYPE: II

GOODS
- [1] DESTROYED
- [2] EMBARGOED

- [1] INITIAL INSPECTION
- [2] REINSPECTION
- [3] OTHER

DATE	TIME - (2400 HOURS) BEGIN	END
10.3.2016	10:45 AM	12:30 PM

EVALUATION

[1] SATISFACTORY ☐ CONDITIONALLY SATISFACTORY ☐ UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS and TELEPHONE NUMBER *(Print)*

Atlantic City Division of Health
City Hall Room 403
1301 Bacharach Blvd.
Atlantic City, NJ 08401 - 4603
(609) 347-5671

Any person who disagrees with violations or evaluation contained in this report is entitled to a hearing before:

Health Officer: Annmarie Rizz

INSPECTING OFFICIAL

INSPECTOR'S NAME and TITLE: MY D IE
Registered Environmental Health Specialist

INSPECTOR'S SIGNATURE: Mydle

INSPECTOR'S PERM. REG. NUMBER: B. 156104

White Copy: FOOD ESTABLISHMENT Canary Copy: LOCAL BOARD OF HEALTH Pink Copy: INSPECTING OFFICER

ATLANTIC CITY HEALTH DEPARTMENT
CONTINUATION FORM

IG-078807 DATE: 6.28.07

Lenox Cafe
2730 Atlantic Ave

Cook Line

Note: Noted ambient air temperature of Beverage air 2 doors reach in fridge to be 41°F
Whitewesting house commercial freezer 20°F
Sandwich prep refrigeration unit 40°F
Ham 39°F
Sausage 41°F
Pancake batter 39°F

Note: Noted hand sink provided with hot water 96°F ; soap, paper towel and handwashing Sign posted

Note: Observed internal cooking food temperature
Home fries 178°F
Omelette 200°F
Eggs 175°F

Back Area

Noted hand sink hot water handle is in disrepair. Employees using hand sink at cook line & restroom to wash hands. Owner is ordering parts for hand sink and it will take approximately 10 days

1-

ATLANTIC CITY HEALTH DEPARTMENT
CONTINUATION FORM

IG- DATE: 9/8/2016

Note	Noted ambient air temperature at United 2 doors reach in fridge to be 34°F United Commercial heavy duty freezer 7°F.
4.5a	Noted left handle at United 2 doors reach in fridge is missing.
Note	Noted hot water at 3 compartment sink to be 130°F Noted 3 compartment sink to be properly set up to wash, rinse & sanitize Chlorine sanitizer @ ~ 200ppm Chlorine test strips available for monitoring sanitization.
Note	Observed grease trap properly maintained and operable.
4.6c	Noted food at 3 compartment sink soiled with accumulations of encrusted blackened dust.
Note	Noted restroom provided with hot water tank, soap, paper towel & handwashing sign posted

x

x

N/Y D IE @ 10.3.2016

25

RISK-BASED INSPECTION REPORT

Name of Establishment	City	Date of Inspection	Risk Type
Lenox Cafe	Atlantic City	10.3.2016	II

FOODBORNE ILLNESS RISK FACTORS AND INTERVENTIONS

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	MANAGEMENT AND PERSONNEL	IN	OUT	N.O.	N/A	COS
1	PIC demonstrates knowledge of food safety principles pertaining to this operation.	X		—	—	—
2	PIC in Risk Level 3 Retail Food Establishments is certified by *January 2, 2010.*			—	X	—
3	Ill or injured foodworkers restricted or excluded as required.	X			—	
	PREVENTING CONTAMINATION FROM HANDS	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
4	Handwashing conducted in a timely manner; prior to work, after using restroom, etc.	X				
5	Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.	X			—	
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	X		—	—	
7	Handwashing facilities provided with warm water; soap and acceptable hand-drying method.	X		—	—	
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	X				
	FOOD SOURCE	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
9	All foods, including ice and water, from approved sources; with proper records	X		—	—	
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction				X	
11	PHFs received at 41°F or below. *Except: milk, shell eggs and shellfish (45°F)*			X		
	FOOD PROTECTED FROM CONTAMINATION	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
12	Proper separation of raw meats and raw eggs from ready-to-eat foods provided	X		—		
13	Food protected from contamination	X		—	—	
14	Food contact surfaces properly cleaned and sanitized	X				
	PHFs TIME/TEMPERATURE CONTROLS	**IN**	**OUT**	**N.O.**	**N/A**	**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. **130°F** *for 112 minutes*: Roasts or as per cooking chart found under 3.4(a)2; **145°F**: Fish, Meat, Pork; **155°F**: Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs; **165°F**: Poultry; Stuffed fish/meat/or pasta; Stuffing containing fish/meat.	X				
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.				X	
17	**COLD HOLDING**: PHFs maintained at "Refrigeration Temperatures" (41°F)	X				
18	**COOLING**: PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.				X	
19	**COOLING**: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.				X	
20	**REHEATING**: PHFs rapidly reheated (within 2 hours) in proper facilities to at least 165°F; or commercially processed PHFs heated to at least 135°F prior to hot holding.				X	
21	**HOT HOLDING**: PHFs Hot Held at 135°F or above in appropriate equipment.			X		
22	**TIME as a PUBLIC HEALTH CONTROL**: Approval; written procedures; time marked; discarded in 4 hours.				X	
23	**SPECIALIZED PROCESSING METHODS**: Approval; written procedures; conducted properly.				X	
24	**HIGHLY SUSCEPTIBLE POPULATIONS**: Pasteurized foods used; prohibited foods not offered.			—	X	

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.

OUT= Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box

	SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION	OUT	COS
25	Hot and cold water available; adequate pressure.		
26	Food properly labeled, original container.		
27	Food protected from potential contamination during preparation, storage, display.		
28	Utensils, spatulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.		
29	Raw fruits and 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 as allowed.		
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).		

RISK-BASED INSPECTION REPORT
(CONTINUED)

Name of Establishment	City	Date of Inspection	Risk Type
Lenox Cafe	Atlantic City	10.3.2016	II

	FOOD TEMPERATURE CONTROL	OUT	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 filets).		
36	Frozen foods maintained completely frozen.		
37	Frozen foods properly thawed.		
38	Plant food for hot holding properly cooked to at least 135°F.		
39	Methods for rapidly cooling PHFs are properly conducted and equipment is adequate		
	EQUIPMENT, UTENSILS AND LINENS	**OUT**	**COS**
40	Materials, construction, repair, design, capacity, location, installation, maintenance.	X	
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, used.		
	PHYSICAL FACILITIES	**OUT**	**COS**
46	Plumbing system properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.		
47	Sewage and waste water properly disposed.		
48	Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.		
49	Design, construction, installation and maintenance proper-floors/walls/ceilings.		
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.		

Item #	NJAC 8:24	REMARKS *("R" = Repeat violation from previous inspection)*

Name of Inspecting Official	Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report
NYD LE	myllc	

2016

IG-0709

ENTERED ON: 11

BY:

SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Daniel Caldwell

NUMBER AND STREET: Same ⟹ COUNTY:

MUNICIPALITY: STATE:

ZIP CODE:

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: LENOX CAFE

NUMBER AND STREET: 2730 Atlantic AVE COUNTY: atlantic

MUNICIPALITY: atlantic City ZIP CODE: 08401 TELEPHONE NUMBER: 347-3000

ESTABLISHMENT STATE LICENSE NUMBER (If applicable): LG- 02918 COMUN. CODE: 0102

INSPECTION

NJSA 24:15(2-11) NJAC 8:24

TYPE OF ESTABLISHMENT
- [1] RETAIL
- [2] OTHER (Specify)
- [3]
- [4]

RISK TYPE: II

GOODS
- [1] DESTROYED
- [2] EMBARGOED

- [1] INITIAL INSPECTION
- [2] REINSPECTION
- [3] OTHER

TIME - (2400 HOURS)

DATE	BEGIN	END
8.25.2016	10:30AM	12:15PM

EVALUATION

☐ SATISFACTORY ☒ CONDITIONALLY SATISFACTORY ☐ UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS and TELEPHONE NUMBER *(Print)*

Atlantic City Division of Health
City Hall Room 403
1301 Bacharach Blvd.
Atlantic City, NJ 08401 - 4603
(609) 347-5671

Any person who disagrees with violations or evaluation contained in this report is entitled to a hearing before:

Health Officer: Annmarie Ruiz

INSPECTING OFFICIAL

INSPECTOR'S NAME and TITLE: M/ D. LE Registered Environmental Health Specialist

INSPECTOR'S SIGNATURE: Mydlc

INSPECTOR'S PERM. REG. NUMBER: B. 156104

White Copy: FOOD ESTABLISHMENT Canary Copy: LOCAL BOARD OF HEALTH Pink Copy: INSPECTING OFFICER

ATLANTIC CITY HEALTH DEPARTMENT
CONTINUATION FORM

IG-8705/16 DATE: 8/26/16

Lenox Cafe
2730 Atlantic AVE

Cook Line

Note — Noted ambient air temperature of Beverage air 2 doors reach in fridge to be 41°F
White Westing house Commercial freezer 18°F.

6-501 — Noted floor beneath shelvings and equipments (fridge, grill) soiled with accumulations of encrusted grime and grease.

4-601 — Noted shelvings for clean equipments and bread soiled with encrusted grime and dust.

Note — Noted hand sink provided with hot water 102°F, soap, paper towel and handwashing Sign posted

6-701 — Noted hand Sink soiled with accumulations of encrusted grime and grease.

Note — Noted ambient air temperature of Continental Sandwich prep fridge to be 41°F
Ham 41°F
Sausage 40°F

ATLANTIC CITY HEALTH DEPARTMENT
CONTINUATION FORM

IG-9.26.2016 DATE: 9.26.2016

Lenox Cafe

4.6c	Noted microwave exterior soiled with accumulation of encrusted grime and grease
	Back Area
Note	Noted 3 compartment sink provided with hot water 122°F
↓	3 compartment sink to be properly set up to wash, rinse and Sanitize
6.5b	Noted floor beneath hand sink and 3 compartment sink soiled with accumulations of encrusted grime and grease.
Note	Noted hand sink provided with hot water 100°F.
6.7a	Noted hand sink faucet is leaking and pipe of hand sink improperly taped
4.6c	Noted ~~Oster~~ microwave (interior) soiled with encrusted food residues and grime.
4.6c	Noted dry goods shelving soiled with accumulation of encrusted grease and blackened dust

ATLANTIC CITY HEALTH DEPARTMENT
CONTINUATION FORM

DATE: 6/25/2016

Lenox Cafe

4.6C	Noted fr in cut 3 compartment sink and soiled with accumulations of encrusted blackened dust.
6.5b	Noted floor beneath dry goods shelving and refrigeration units soiled with encrusted grime and grease.
Note	Noted ambient air temperature of United Commercial heavy duty freezer to be 20°F.
4.6f(5)	Noted interior of United commercial heavy duty freezer to be soiled with ice buildup and food residues.
3.5(f)	Noted ambient air temperature of United 2 doors & reach in fridge to be 45°F. (Veggie)
4.5n	Noted left handle of refrigeration unit is in disrepair and one fan guard missing (Left). also doors gasket torn.
4.6C	Noted shelvings inside refrigeration units soiled with accumulations of encrusted grime and blackened mold like growth.

ATLANTIC CITY HEALTH DEPARTMENT
CONTINUATION FORM

DATE: 8.25.2016

Lenox Cafe

Note | observed internal cooking temperature of food products
home fries 180°F
egg omlette 175°F

Note | Noted restroom provided with hot water 96°F, soap, paper towel and handwashing sign posted.

4.5C | Noted cutting board at continental sandwich prep fridge is severely scored and cut

X DANIEL CALDWELL

X

MY D. IE 8.25.2016

RISK-BASED INSPECTION REPORT

Name of Establishment	City	Date of Inspection	Risk Type
Lenox Cafe	Atlantic City	8.25.2016	II

FOODBORNE 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 AND PERSONNEL	IN	OUT	N.O.	N/A	COS
1	PIC demonstrates knowledge of food safety principles pertaining to this operation.	X		—	—	—
2	PIC in Risk Level 3 Retail Food Establishments is certified by *January 2, 2010.*			—	X	—
3	Ill or injured foodworkers restricted or excluded as required.	X			—	
	PREVENTING CONTAMINATION FROM HANDS	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
4	Handwashing conducted in a timely manner; prior to work, after using restroom, etc.			X		
5	Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.	X			—	
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	X		—	—	
7	Handwashing facilities provided with warm water; soap and acceptable hand-drying method.	X		—	—	
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	X				
	FOOD SOURCE	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
9	All foods, including ice and water, from approved sources; with proper records	X		—	—	
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction				X	
11	PHFs received at 41°F or below. *Except: milk, shell eggs and shellfish (45°F)*			X		
	FOOD PROTECTED FROM CONTAMINATION	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
12	Proper separation of raw meats and raw eggs from ready-to-eat foods provided	X		—		
13	Food protected from contamination	X		—	—	
14	Food contact surfaces properly cleaned and sanitized	X				
	PHFs TIME/TEMPERATURE CONTROLS	**IN**	**OUT**	**N.O.**	**N/A**	**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. **130°F** *for 112 minutes*: Roasts or as per cooking chart found under 3.4(a)2; **145°F**: Fish, Meat, Pork; **155°F**: Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs; **165°F**: Poultry; Stuffed fish/meat/or pasta; Stuffing containing fish/meat.	X				
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.				X	
17	**COLD HOLDING:** PHFs maintained at "Refrigeration Temperatures" (41°F)	X				
18	**COOLING:** PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.				X	
19	**COOLING:** PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.				X	
20	**REHEATING:** PHFs rapidly reheated (within 2 hours) in proper facilities to at least 165°F; or commercially processed PHFs heated to at least 135°F prior to hot holding.				X	
21	**HOT HOLDING:** PHFs Hot Held at 135°F or above in appropriate equipment.				X	
22	**TIME as a PUBLIC HEALTH CONTROL:** Approval; written procedures; time marked; discarded in 4 hours.				X	
23	**SPECIALIZED PROCESSING METHODS:** Approval; written procedures; conducted properly.				X	
24	**HIGHLY SUSCEPTIBLE POPULATIONS:** Pasteurized foods used; prohibited foods not offered.			—	X	

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.

OUT= Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box

	SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION	OUT	COS
25	Hot and cold water available; adequate pressure.		
26	Food properly labeled, original container.		
27	Food protected from potential contamination during preparation, storage, display.		
28	Utensils, spatulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.		
29	Raw fruits and 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 as allowed.		
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).		

RISK-BASED INSPECTION REPORT
(CONTINUED)

Name of Establishment	City	Date of Inspection	Risk Type
Lenox Cafe	Atlantic City	8.25.2016	II

	FOOD TEMPERATURE CONTROL	OUT	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 filets).		
36	Frozen foods maintained completely frozen.		
37	Frozen foods properly thawed.		
38	Plant food for hot holding properly cooked to at least 135°F.		
39	Methods for rapidly cooling PHFs are properly conducted and equipment is adequate		
	EQUIPMENT, UTENSILS AND LINENS	**OUT**	**COS**
40	Materials, construction, repair, design, capacity, location, installation, maintenance.	X	
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, used.		
	PHYSICAL FACILITIES	**OUT**	**COS**
46	Plumbing system properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.		
47	Sewage and waste water properly disposed.		
48	Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.		
49	Design, construction, installation and maintenance proper-floors/walls/ceilings.		
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.	X	
52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.		

Item #	NJAC 8:24	**REMARKS** *("R" = Repeat violation from previous inspection)*

Name of Inspecting Official	Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report
M/ D. IG	Mydce	DANIEL Cardwell

CITY OF ATLANTIC CITY

ATLANTIC CITY DIVISION OF HEALTH

September 2, 2016

Mr. Daniel Caldwell
Lenox Cafe
2730 Atlantic Ave
Atlantic City, NJ 08401

Warning Letter

Re: Lenox Cafe

Dear Mr. Caldwell,

On **August 25, 2016**, a representative of this Department conducted an inspection of the food service facility operated by you at the above location and found it to be **"Conditionally Satisfactory".**

You are hereby advised to immediately correct the violations that were recorded on the inspection report which was left for your reference by our representatives and to operate your establishment in compliance with the laws and regulations enforced by this department. Failure to do so may result in such action as the law provides.

A re-inspection will be conducted in the near future to determine the level of compliance achieved.

Sincerely,

Harold Reaves,
Chief Registered Environmental Health Specialist

2015

ENTERED ON 4/1
BY: N/C

SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Daniel Caldwell

NUMBER AND STREET: 2730 Atlantic Ave
COUNTY: Atlantic
MUNICIPALITY: Atlantic City
STATE: NJ
ZIP CODE: 08401

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: Lenox Cafe

NUMBER AND STREET: 2730 Pacific Ave
COUNTY: Atlantic
MUNICIPALITY: Atlantic City
ZIP CODE: 08401
TELEPHONE NUMBER: 347 3000
ESTABLISHMENT STATE LICENSE NUMBER (If applicable):
COMUN. CODE: 0102

INSPECTION

NJSA 24:15(2-11) NJAC 8:24(1-10)

TYPE OF ESTABLISHMENT
- [1] RETAIL
- [2] OTHER (Specify)
- [3]
- [4]

RISK TYPE: II

GOODS
- [1] DESTROYED
- [2] EMBARGOED

- [1] INITIAL INSPECTION
- [2] REINSPECTION
- [3] OTHER - Treasury closed - re-opening after Dept

TIME - (2400 HOURS)

DATE	BEGIN	END
3.24.2015	10:00AM	12:30PM

EVALUATION

☐ SATISFACTORY ☑ CONDITIONALLY SATISFACTORY ☐ UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS and TELEPHONE NUMBER *(Print)*

Atlantic City Division of Health
City Hall Room 403
1301 Bacharach Blvd.
Atlantic City, NJ 08401 - 4603
(609) 347-5671

Any person who disagrees with violations or evaluation contained in this report is entitled to a hearing before:

Ronald Cash, Health Officer

INSPECTING OFFICIAL

INSPECTOR'S NAME and TITLE: Kyle Mihocko, REHS

INSPECTOR'S SIGNATURE

INSPECTOR'S PERM. REG. NUMBER: B-2199

White Copy: FOOD ESTABLISHMENT Canary Copy: LOCAL BOARD OF HEALTH Pink Copy: INSPECTING OFFICER

RISK-BASED INSPECTION REPORT

Name of Establishment	City	Date of Inspection	Risk Type
Lenox Cafe	Atlanta	3/24/2015	II

FOODBORNE 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

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	MANAGEMENT AND PERSONNEL	IN	OUT	N.O.	N/A	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, 2010.*			—	X	—
3	Ill or injured foodworkers restricted or excluded as required.	✓			—	
	PREVENTING CONTAMINATION FROM HANDS	**IN**	**OUT**	**N.O.**	**N/A**	**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, unobstructed.	✓		—	—	
7	Handwashing facilities provided with warm water; soap and acceptable hand-drying method.	✓		—	—	
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	✓				
	FOOD SOURCE	**IN**	**OUT**	**N.O.**	**N/A**	**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				X	
11	PHFs received at 41°F or below. *Except: milk, shell eggs and shellfish (45°F)*			X		
	FOOD PROTECTED FROM CONTAMINATION	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
12	Proper separation of raw meats and raw eggs from ready-to-eat foods provided	✓		—		
13	Food protected from contamination		X	—	—	✓
14	Food contact surfaces properly cleaned and sanitized		X			✓
	PHFs TIME/TEMPERATURE CONTROLS	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
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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.				X	
17	**COLD HOLDING:** PHFs maintained at "Refrigeration Temperatures" (41°F)	✓			X	
18	**COOLING:** PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.				X	
19	**COOLING:** PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.				✓	
20	**REHEATING:** PHFs rapidly reheated (within 2 hours) in proper facilities to at least 165°F; or commercially processed PHFs heated to at least 135°F prior to hot holding.				X	
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32	Presence of insects/rodents minimized: outer openings protected, animals as allowed.		
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).		

RISK-BASED INSPECTION REPORT
(CONTINUED)

Name of Establishment: Lenox Cafe	City: Atlantic City	Date of Inspection: 3/24/2015	Risk Type: 11

#	FOOD TEMPERATURE CONTROL	OUT	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 filets).		
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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.		
	PHYSICAL FACILITIES	**OUT**	**COS**
46	Plumbing system properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.		
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52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.		

Item #	NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)

W/ Letter NA Request

Name of Inspecting Official	Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report
Kifle Mihrete	[signature]	[signature] owner

F-37
APR 08

ATLANTIC CITY HEALTH DEPARTMENT
CONTINUATION FORM

DATE: 3.24.2015

Lenox Cafe

2730 2015

Initial Inspection

Note The restaurant prepares, cooks and serves most food products immediately. Risk Type II Establishment

Note Person-In-Charge Daniel Caldwell

Kitchen

Note Recorded ambient air temperature at Continental undercounter fridge 35°F

4.6a Observed deep pans at the bain marie were not clean to touch containing sticky grease

Note Allowed all pans, platters and necessary food equipment to be washed and sanitized

4.6c Observed non food contact surfaces of the microwaves, knives, cutting boards are not clean to sight.

Note allowed to be rewashed and sanitized properly

4.6c Observed exhaust hood filter rack is not clean containing moderate grease accumulation

~~DD~~ ~~Observed~~ ~~foods~~ kept in the fridge

8.4c ~~NA~~ - Bread, egged bakery products voluntarily destroyed. (see attached report)

ATLANTIC CITY HEALTH DEPARTMENT
CONTINUATION FORM

DATE: 3.24.2015

Lenox Cafe
2730 Atlantic Ave

Kitchen (Cont'd)

Note | Ambient Air temperature at
- Beverage Air 2 door refrigerator
- Kenmore 1 door freezer

Backarea

Note | Recorded hot Water temperature at the 3 Compartment sink to be 125°F

Note | Recorded Ambient Air temperature at
- 2 door reach-in fridge 39°F
- 1 door reach-in freezer - -10°F

Kelle Mihocte
3/24/2015

Allowed to re-open for operation

(2)

VOLUNTARY ACTION CERTIFICATION
(Food, Drugs, Cosmetics, Devices)

ATLANTIC CITY
DIVISION OF HEALTH

TO: Daniel DATE: 3/24/2015

I Kelle Mihrete ..... a representative of the Atlantic City Department of Health, witnessed the voluntary destruction of the following products which were:

☐ embargoed: ☐ not embargoed:

Product	Pieces	Net Weight	Seal No.
Bread		20 lbs	
Cheese		1 lb	
Ketchup		9 bottle	
Hot Sauce		9 bottle	
Corn Beef Meat		1 lb	
Provolone Cheese		3 lbs	

foods were in the fridge after being Closed on 3/11/2015

ATTACH LIST IF NECESSARY

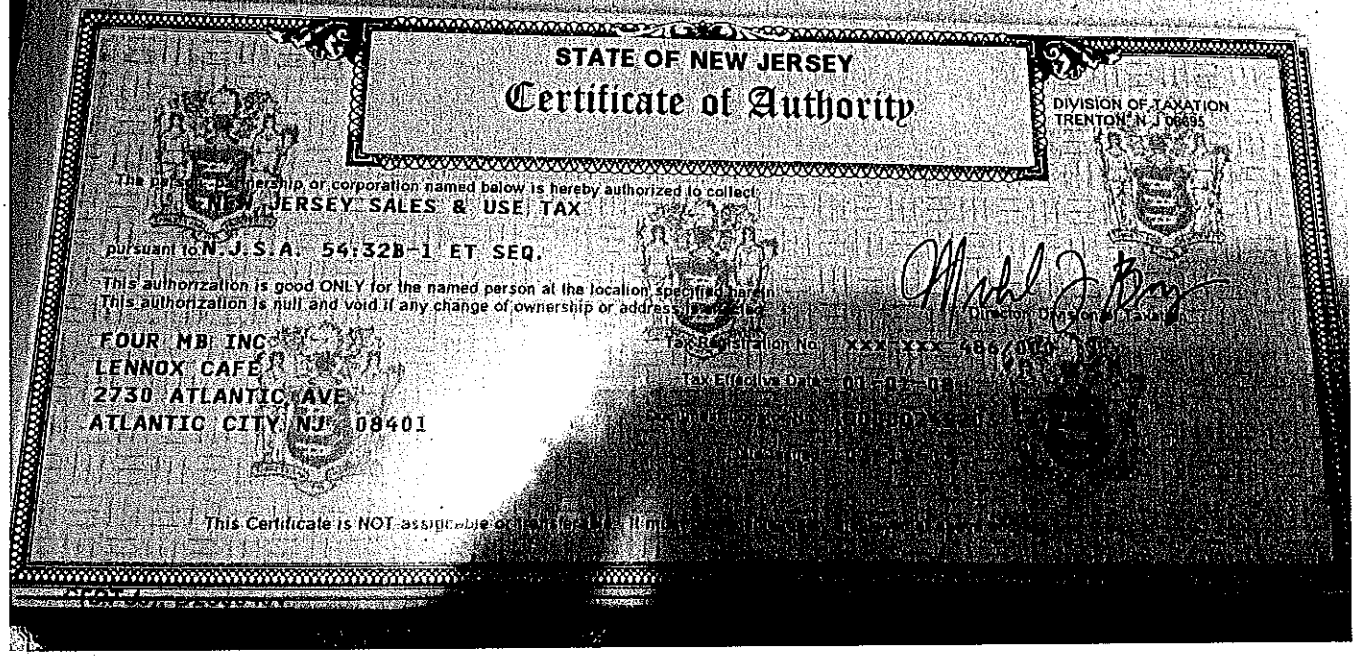
In possession of Lenox Cafe	Destroyed at
Address 2730 Atlantic Ave	City Atlantic City
City Atlantic City Zip 08401	Destruction method Voluntarily destroyed/denatured
Authorized by (owner)	Title OWNER Date: 3/24/2015
Representative N.J.S.D.H. Kelle Mihrete	Title RETIS Reg. No. B-2193 Signature

2730 Atlantic Avenue	CONTRACTOR Lenox Restaurant

It is the applicants responsibility to comply with other applicable health, police, building, or construction requirements for such matters as electrical, fire protection, plumbing or mechanical activities.

Lionel Fonville
Acting Fire Official

October 1, 2014
Date



STATE OF NEW JERSEY
Certificate of Authority

DIVISION OF TAXATION
TRENTON, N.J. 08695

This person, partnership or corporation named below is hereby authorized to collect
NEW JERSEY SALES & USE TAX
pursuant to N.J.S.A. 54:32B-1 ET SEQ.

This authorization is good ONLY for the named person at the location specified herein.
This authorization is null and void if any change of ownership or address occurs.

FOUR MB INC
LENNOX CAFE
2730 ATLANTIC AVE
ATLANTIC CITY NJ 08401

Director, Division of Taxation

Tax Registration No. XXX XXX 486/000

Tax Effective Date - 01-07-08

This Certificate is NOT assignable or transferable

Certificate copy from Division of Taxation
3/24/2015

2015

N/C

ENTERED ON: / /
BY:

SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Daniel Caldwell

NUMBER AND STREET: 2730 Atlantic Ave

COUNTY: Atlantic

MUNICIPALITY: Atlantic City

STATE: NJ

ZIP CODE: 08401

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: Lenox Cafe

NUMBER AND STREET: 2730 Atlantic Ave

COUNTY: Atlantic

MUNICIPALITY: Atlantic City

ZIP CODE: 0840

TELEPHONE NUMBER: 576-6099

ESTABLISHMENT STATE LICENSE NUMBER (If applicable):

COMUN. CODE: 0102

INSPECTION

NJSA 24:15 (2-11) NJAC 8:24 (1-10)

TYPE OF ESTABLISHMENT
- [1] RETAIL
- [2] OTHER (Specify)
- [3]
- [4]

RISK TYPE: II

GOODS
- [1] DESTROYED
- [2] EMBARGOED

- [1] INITIAL INSPECTION
- [2] REINSPECTION
- [3] OTHER

TIME - (2400 HOURS)		
DATE	BEGIN	END
3.11.2015	1000 AM	1100 AM

EVALUATION

- [ ] SATISFACTORY
- [ ] CONDITIONALLY SATISFACTORY
- [x] UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS and TELEPHONE NUMBER *(Print)*

Atlantic City Division of Health
City Hall Room 403
1301 Bacharach Blvd.
Atlantic City, NJ 08401 - 4603
(609) 347-5671

Any person who disagrees with violations or evaluation contained in this report is entitled to a hearing before:

Ronald Cash, Health Officer

INSPECTING OFFICIAL

INSPECTOR'S NAME and TITLE: Kiple Mihrete, REHS

INSPECTOR'S SIGNATURE: KMh

INSPECTOR'S PERM. REG. NUMBER: B-2199

White Copy: FOOD ESTABLISHMENT Canary Copy: LOCAL BOARD OF HEALTH Pink Copy: INSPECTING OFFICER

ATLANTIC CITY HEALTH DEPARTMENT
CONTINUATION FORM

DATE: 3-11-2015

Lenox Cafe
9180 Atlantic Ave

The restaurant Cease operation Voluntarily due tax problem.
TO - Reopen. contact the Health Dept 609-347-5670
Unsatisfactory
Kyle Mchuste

DM
David Criswell

ATLANTIC CITY HEALTH DEPARTMENT

1301 Bacharach Blvd
Atlantic City, New Jersey 08401
609-347-5671

NAME Daniel Caldwell DATE 3.11.2015

ADDRESS 2660 Atlantic Ave LOCATION

Atlantic City NJ 08401 (If applicable)

Dear Sir/Madam:

During an inspection of your food establishment on this date, the undersigned inspector encountered grossly unsanitary conditions considered hazardous to public health. The violations were discussed with you (or your representative) at the conclusion of the inspection and were indicated on the inspection report left with you at that time.

You are hereby ordered to abate the violations of Chapter 24 of the State Sanitary Code and Chapter 15 of Title 24 of the New Jersey Statutes Annotated, which have been found to exist in your establishment.

You are hereby requested to discontinue the operation of your food establishment at the above address voluntarily until such time as an inspection by the department reveals that your establishment received either a Satisfactory or Conditionally Satisfactory Rating. Failure to comply with this request will result in immediate judicial relief including an injunction closing your establishment and/or fines as provided by law.

You are advised that pursuant to the Administrative Procedures Act of New Jersey, you will be afforded at your request, an Administrative Hearing before the Health Officer, if you differ with any of the information supplied by our inspector. The request of such hearing must be made to this Department within ten (10) days after receipt of this notice. You will be afforded at the time the right to counsel and the right to cross-examine any and all witnesses presented by the Division of Health.

Your request for a hearing, however, will in no way relieve you of the obligation of complying with the terms of the notice. A confirming letter will follow.

Upon notification to this office, that your establishment has been placed in compliance with our laws and regulations a reinspecton will be promptly scheduled. Reinspection may be requested through the Division of Health at (609)347-5671.

Sincerely yours,

Ronald Cash
Health Officer

Janet Reinhard
Chief Registered Environmental
Health Specialist

Notice Received by Daniel Caldwell	Position Owner
Inspector Kyle Mihrate, REHS	Department Atlantic City Health Dept

TEL: (609) 645-6688
FAX: (609) 646-1443
james.j.kelly@treas.nj.gov

JAMES KELLY
INVESTIGATOR

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION
NORTHFIELD REGIONAL OFFICE

1915 NEW ROAD, ROUTE 9
NORTHFIELD, NJ 08225

TEL: (609) 645-6679
FAX: (609) 646-1443
EMAIL: stefanie.russo@treas.state.nj.us

STEFANIE RUSSO
INVESTIGATOR

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION
NORTHFIELD REGIONAL OFFICE

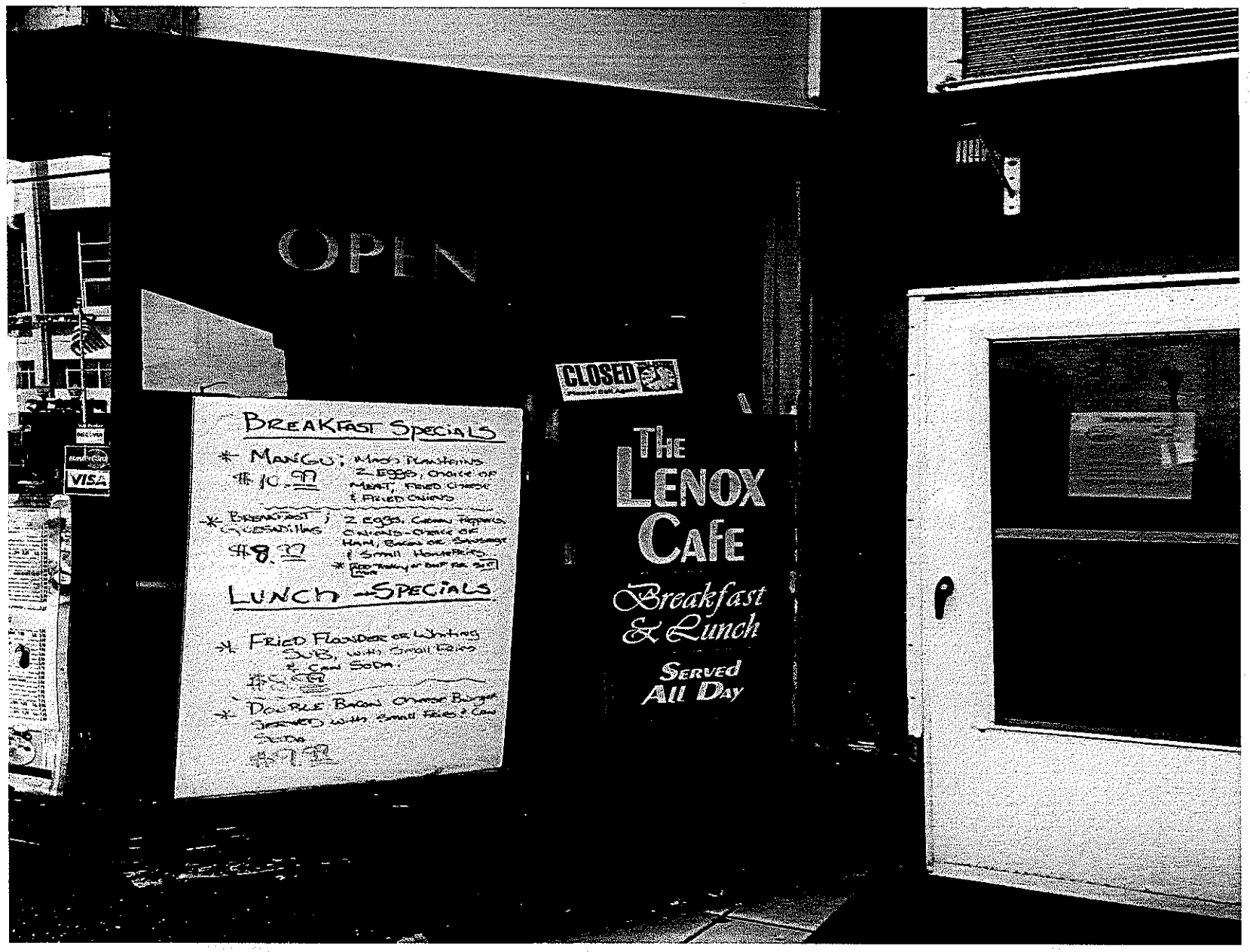
1915 NEW ROAD, ROUTE 9
NORTHFIELD, NJ 08225

March 11, 2015

Lenox Café

Ceased operation rated Unsatisfactory by the health Department

Closed by Department of the Treasury, Division of Taxation for tax issues.


OPEN
CLOSED
BREAKFAST SPECIALS
LUNCH SPECIALS
THE LENOX CAFE
Breakfast & Lunch
SERVED All DAY
VISA