BOROUGH OF HASBROUCK HEIGHTS
FIRE PREVENTION BUREAU
248 HAMILTON AVENUE
HASBROUCK HEIGHTS, NJ 07604

Robert Knobloch
Fire Official

(201) 288-4110
FAX: (201) 288-9217

Date: 11/29/2024
Page: 1
Registration No.: 0225-42728-001-01

To: Bendix Diner
State Hwy. Rt.17 & Williams Ave.
Hasbrouck Heights, NJ 07604

NOTICE OF IMMINENT HAZARD
and
ORDER TO TAKE CORRECTIVE ACTION

Type of Use: AG01
Inspector: Robert Knobloch
Inspection Date: November 29, 2024
Premises: Bendix Diner
State Hwy. Rt.17 & Williams Ave., Hasbrouck Heights, NJ

YOU ARE HEREBY NOTIFIED THAT an inspection by the Borough of Hasbrouck Heights Fire Prevention Bureau disclosed violations of the Uniform Fire Code (N.J.A.C. 5:70-1 et. seq.) promulgated pursuant to the New Jersey Uniform Fire Safety Act (N.J.S.A. 52:27D-192 et. seq.), and Borough of Hasbrouck Heights local ordinance, which constitute an IMMINENT HAZARD TO PUBLIC HEALTH, SAFETY, OR WELFARE. These violations are specified on the accompanying "Volations Report" page(s).

* * * * * * * * * * * * *

Due to the violations listed on the accompanying page(s), YOU ARE HEREBY ORDERED by the Fire Official to take the action regarding the above referenced premises as specified in the space below:

==> Close the Bendix Diner of/in the above referenced building, structure, or premises by 11:00 on November 29, 2024.

You are advised that the Fire Code imposes Liability on the owner for the actual costs of fire suppression where a violation directly or indirectly results in a fire.

REINSPECTION:

TAKE NOTICE THAT, pursuant to the Uniform Fire Code, WITHIN 48 HOURS of receiving written notice from the owner/agent stating that the violation(s) requiring vacation or closure have been abated or that removal has been completed, the Borough of Hasbrouck Heights Fire Prevention Bureau will undertake a reinspection. If this reinspection confirms that the violation(s) have been abated, or removal completed, this order will be rescinded.

By: _____
Fire Official

APPEAL RIGHTS

See the attachment for information concerning your administrative appeal rights, and a description of authorized penalties.

Premises: Bendix Diner
State Hwy. Rt.17 & Williams Ave.

Hasbrouck Heights, NJ 07604

Registration No. 0225-42728-001-01
Inspection Date: November 29, 2024
Initial Inspector: _____
Print Name: Robert Knobloch
Page number: 3

Owner/Agent: Kasian Foods Inc.
State Hwy Rt.17 & Williams Avenue
Hasbrouck Heights, New Jersey 07604

VIOLATIONS

The violations cited on the above premises are as follows:

Number	Description	Abate by	Date: 11/29		
			Inspector: RK		
			U/A	U/A	U/A
1.	Location: Basement Nature: Electrical - Open electrical junction boxes Code Section: N.J.A.C. 5:70-3,605.6	ABATED			
2.	Location: Basement Nature: Electrical - Improper electrical Code Section: N.J.A.C. 5:70-3,605.1	ABATED			
3.	Location: Basement Nature: Electrical - Improper electrical Code Section: N.J.A.C. 5:70-3,605.1	ABATED			
4.	Location: Basement Nature: Battery smoke and carbon monixide detectors must be maintained Code Section: N.J.A.C. 5:70-3,907.11.2	ABATED			
5.	Location: Kitchen Nature: Fire suppresion system for the cooking hood system must be maintained Code Section: N.J.A.C. 5:70-3,904.12.6.2	03/19/2024 *CV*	U		

Key: The numbering of violations is for identification purposes only and shall not be construed as bearing in any way on the seriousness of any violation.
"U" Unabated - Violation uncorrected.
"A" Abated - Violation corrected.

ADMINISTRATIVE APPEAL RIGHTS

GENERAL

IF YOU DENY THAT THE VIOLATIONS CITED JUSTIFY THE ACTION TAKEN, YOU MAY APPEAL BY APPLYING FOR A RECONSIDERATION HEARING. Your appeal request must be made within 24 hours after receipt of this notice to:

Bergen County Construction Board of Appeals
Administration Building
Hackensack, New Jersey 07601

Copy to: Borough of Hasbrouck Heights
Fire Prevention Bureau
248 Hamilton Avenue
Hasbrouck Heights, NJ 07604
Phone: (201) 288-4110

The notification of Appeal must include the Appellant's Registration number, the address of the premises involved, the reference numbers of the violation cited, the argument with regard to each and specific code section or other authority the Appellant will rely on in support of his position.

You are advised that the appeal to the Construction Board of Appeals must be accompanied by the fee of $ 100.00; payable to Bergen County Construction Board of Appeals.

Appeals will not be deemed as received until payment of fee is made.

PENALTIES

Violation of the Code is punishable by monetary penalties of not more than $5,000 per day for each violation. Each day a violation continues is an additional, separate violation except while an appeal is pending. Specific penalties are as follows:

a. Failure to install required protection equipment after having been given written notice of the requirement to do so: A maximum of $ 2,500 per violation per day.
b. Failure to abate any violation after having been given notice of the violation: A maximum of $ 5,000 per violation per day.
c. Storage of any material in violation of this Code or the conduct of any process in violation of the Code: A maximum of $ 5,000 per violation per day.
d. Blocking, locking, or obstructing required exits:
   i. In a place of public assembly: A maximum of $ 5,000 per occurrence.
   ii. In any other place: A maximum of $ 2,500 per occurrence.
e. Disabling or vandalizing any fire suppression or alarm device or system.
   i. In a place of public assembly: A maximum of $ 5,000 per occurrence.
   ii. In any other place: A maximum of $ 1,000 per occurrence.
f. Failure to obey a Notice of Imminent Hazard and Order to Vacate: A maximum of $ 5,000 per day for each day that the failure continues.
g. Failure to obey an Order to Close for a fixed period of time: A Maximum of $ 5,000 per day that the failure continues.
h. Obstructing the entry into a premises or interfering with the duty of an authorized inspector: A maximum of $ 2,500 for each occurrence.
i. Any willfully false application for a Permit or Registration: A maximum of $ 1,000.00 for each occurrence.
j. Any other act or omission prohibited by the Act or the Regulations: A maximum of $ 5,000 per violation per day.

Claims arising out of penalty assessments can be compromised or settled if it shall be likely to result in compliance. Moreover, no such disposition can be finalized while the violation continues to exist.

Any penalties assessed are in addition to others previously assessed. Penalties must be paid in full within 30 days after an order to pay. If full payment is not made within 30 days, the matter will be referred to the Borough Attorney for summary collection pursuant to the Penalty Enforcement Law (N.J.S.A. 2A:58-10 et. seq.).

NOTICE: If you require guidance or advice concerning your legal rights, obligations or the course of action you should follow, consult your own advisor.

ADDITIONAL EXPLANATION

Violation #01: Electrical - Open electrical junction boxes
This violation has been abated.

Violation #02: Electrical - Improper electrical
This violation has been abated.

Violation #03: Electrical - Improper electrical
This violation has been abated.

Violation #04: Battery smoke and carbon monixide detectors must be maintained
This violation has been abated.

Violation #05: Fire suppresion system for the cooking hood system must be main
Ref: N.J.A.C. 5:70-3,904.12.6.2

Hasbrouck Heights Board of Health
320 Boulevard Hasbrouck Heights, NJ 07604
Telephone: (201)-288-1636

To: Bendix Diner
464 State Hwy Rt 17 & Williams Avenue,
Hasbrouck Heights 07604, NJ

Bendix Diner is found to be in violation of code section N.J.A.C. 5:70-3, 904.12.6.2 determined by Fire Official Robert Knobloch. The Hasbrouck Heights Board of Health is permanently suspending your retail food license due to imminent hazards to public health, safety, and/or welfare by violating this code.

The Board of Health members are willing to meet with you on January 16th, 2025 at 10 a.m to discuss the suspension of your retail food license. If you wish to attend please call the health department to confirm or no meeting will be held.

Katherine Fabrizio, REHS
Registered Environmental Health Specialist
Mid-Bergen Regional Health Commission
Hasbrouck Heights Health Department
Rutherford Health Department
Secretary of Northern New Jersey Public Health Association

Email: kfabrizio@njlincs.net

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Jan. 77

SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION (Complete this section only if different from establishment information)			ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME: Bendix		
NUMBER AND STREET	COUNTY		NUMBER AND STREET: 464 NJ-17	COUNTY: Bergen	
MUNICIPALITY	STATE		MUNICIPALITY: Hasbrouck Heights	ZIP CODE: 07604	TELEPHONE NO.
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE

GOODS

- [1] DESTROYED
- [2] EMBARGOED

- [1] INITIAL INSPECTION
- [2] REINSPECTION *(other than initial inspection)*

TIME - (2400 HOURS)		
DATE	BEGIN	END
10-11-24		

EVALUATION

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

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print): Hasbrouck Heights Board of Health 320 Boulevard Hasbrouck Heights, NJ 07604	INSPECTOR'S NAME AND TITLE: Helen Harris (RETH) Registered Enviromental Health Specialist
	INSPECTOR'S SIGNATURE: Helen Harris
HEALTH OFFICER: JAMES FEDORKO	INSPECTOR'S PERM. REG. NO.: B-167415

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CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.)	DATE
	10-11-24
MUNICIPALITY Hasbrouck Heights Bendix Diner	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	- Kitchen A (Backdoor) Kitchen B (Front) CANNOT BE USED AT ANYTIME. IT is considered a Fired Hazard As per the Fire Department ~~XXXX~~ Health Department will enforce such Regulation / Violation
	You can only Serve: - Coffee - Drinks - Salads - Cold Sandwiches
	~~X~~ You are allowed to Serve Anything that does not required a kitchen.
	- Summons will be issued if not remained in compliance.

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED

WHITE COPY-ESTABLISHMENT / YELLOW COPY-LOCAL HEALTH DEPT.

F-33
Jan. 77

SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION (Complete this section only if different from establishment information)			ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME: Bendix Diner		
NUMBER AND STREET	COUNTY		NUMBER AND STREET: 461 William Ave	COUNTY: Bergen	
MUNICIPALITY	STATE		MUNICIPALITY: Hasbrouck Heights	ZIP CODE: 07604	TELEPHONE NO.
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

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

ESTABLISHMENT CODE: 3

GOODS
- [1] DESTROYED
- [2] EMBARGOED

- [1] INITIAL INSPECTION
- [2] REINSPECTION *(other than initial inspection)*

TIME - (2400 HOURS)		
DATE	BEGIN	END
11-22-24	1PM	

EVALUATION

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

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print): Hasbrouck Heights Board of Health 320 Boulevard Hasbrouck Heights, NJ 07604	INSPECTOR'S NAME AND TITLE: Helen Harris Registered Enviromental Health Specialist
	INSPECTOR'S SIGNATURE: Helen Harris
HEALTH OFFICER: JAMES FEDORKO	INSPECTOR'S PERM. REG. NO.: 67415

P5740

RISK-BASED INSPECTION REPORT

Name of Establishment	City	Date of Inspection	Risk Type
Benix	Hasbrouck Heights	11-22-24	3

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.		✓	-----	-----	-----
2	PIC in Risk Level 3 Retail Food Establishments is certified by *January 2, 2010.*		✓	-----		-----
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				✓	
11	PHFs received at 41°F or below. *Except: milk, shell eggs and shellfish (45°F)*			✓		
	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		✓	-----	-----	
14	Food contact surfaces properly cleaned and sanitized		✓			
	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.	✓				
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" (41°F)	✓				
18	**COOLING**: PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.			✓		
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.			✓		
21	**HOT HOLDING**: PHFs Hot Held at 135°F 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**: Approval; written procedures; conducted properly.					
24	**HIGHLY SUSCEPTIBLE POPULATIONS**: Pasteurized foods used; prohibited foods not offered.			-----		

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
Bendix	Hasbrouck Heights	10-22-24	3

	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)*
	•	Observed kitchen not in satisfactory conditions
		according to the NJ chapter 24 sanitation code and
		Food Safety Standards..
	•	Observed Kitchen Area Extremely Uncleared
		dirty and unsanitized.
	Note	Please clean and disinfect:
	-	countertops, prep stations, cooktops, and
	-	appliances, as well as sweeping and
		mopping the floors. clean splashes off walls.
	-	sweep and clean storage areas. →

Name of Inspecting Official	Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report
Helen Harris		

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.)	DATE
Bendix	11-22-24
MUNICIPALITY	**TEL., CODE or ID NO.**
Hasbrouck Heights	

ITEM NO.	REMARKS
-	Observed the B-compartment sink uncleared and not used properly. No test strips Available.
-	Observed Raw Meat Not properly covered inside Refrigerator.
-	Please have all Violations corrected by 12/4/24 Re-inspection expected.
-	Food handlers Must obtained a food safety certificate within 60 days
	NOTE
	Observed:
+	All refrigerators temperature are within food safe range. Thank you.
+	No mice droppings observed during Inspection. Last service 10/21/24 - Eastern Pest Services.
	Issued a conditionally satisfactory

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED

MS-5
Revised 6/91

PAGE OF PAGES H4880

WHITE COPY-ESTABLISHMENT / YELLOW COPY-LOCAL HEALTH DEPT.

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.) Bendix Diner	DATE 12/18/24
MUNICIPALITY Hasbrouck Heights	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	Observed wicker + Gull. Not in use
-	Discarded all. Raw meat (chicken from Refrigerator)
-	Observed dirty dishes and mugs not
	Rinse, wash and sanitized.

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED

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CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.)	DATE
Bendix	6-20-24
MUNICIPALITY	**TEL., CODE or ID NO.**
Hasbrouck Heights	

ITEM NO.	REMARKS
	Bendix looks significantly cleaner. No signs of mouse droppings except on old table with mixing bowl (is being discarded.)
	A few non-food contact surfaces need to be wiped down.
	Satisfactory posted

SIGNATURE OF INDIVIDUAL COMPLETING FORM

Katherine Salvato

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED

MS-5
Revised 6/91

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F-33
Jan. 77

SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION (Complete this section only if different from establishment information)			ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME		
NUMBER AND STREET	COUNTY		NUMBER AND STREET: 464 Williams Ave	COUNTY: Bergen	
MUNICIPALITY	STATE		MUNICIPALITY: Hasbrouck Heights	ZIP CODE: 07604	TELEPHONE NO.
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE: 3

GOODS

- [1] DESTROYED
- [2] EMBARGOED

- [✓1] INITIAL INSPECTION
- [2] REINSPECTION *(other than initial inspection)*

TIME - (2400 HOURS)		
DATE	BEGIN	END
6-4-24	11:30 am	
6-4-24	3:00 pm	

EVALUATION

- [ ] *SATISFACTORY*
- [✓] *CONDITIONALLY SATISFACTORY*
- [ ] *UNSATISFACTORY*

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print): Hasbrouck Heights Board of Health, 320 Boulevard, Hasbrouck Heights, NJ 07604	INSPECTOR'S NAME AND TITLE: Katherine Fabrizio, Registered Enviromental Health Specialist
	INSPECTOR'S SIGNATURE: Katherine Fabrizio
HEALTH OFFICER: JAMES FEDORKO	INSPECTOR'S PERM. REG. NO.: B-175153

P5740

RISK-BASED INSPECTION REPORT

Name of Establishment	City	Date of Inspection	Risk Type
Bonnix	Hasbrouck Heights	6-4-24	3

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.	✓		-----	-----	-----
2	PIC in Risk Level 3 Retail Food Establishments is certified by *January 2, 2010.* pending			-----		-----
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				✓	
11	PHFs received at 41°F or below. *Except: milk, shell eggs and shellfish (45°F)*	✓				
	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	✓	✓	-----	-----	✓
14	Food contact surfaces properly cleaned and sanitized		✓			✓
	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.	✓				
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" (41°F)	✓				
18	**COOLING**: PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.					
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.					
21	**HOT HOLDING**: PHFs Hot Held at 135°F 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**: Approval; written procedures; conducted properly.					
24	**HIGHLY SUSCEPTIBLE POPULATIONS**: Pasteurized foods used; prohibited foods not offered.			-----		

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
Peridix	Hasbrouck Heights	6-4-24	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)*
13		Mouse droppings found on shelves and food prep areas.
14		Mouse droppings on food surface — sanitized with bleach & water.
32		Presence of mouse droppings.
49		Door has gap underneath it, allowing pests to pass through, must be remediated.
		Food ~~manager~~ handler cert: Dimitri Drakakis 9-19-23 (good for 3 years)
		Food sources: Restaurant Depot, Anthony's Sons, & Walmart
		Restaurant had to shut down from 11:15am to 3:25pm.

Name of Inspecting Official	Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report
Katherine	Katherine Salvigh	received

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APR 08 Fab 1210

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.)	DATE
Bendix	6-4-24
MUNICIPALITY	**TEL., CODE or ID NO.**
Hasbrouck Heights	

ITEM NO.	REMARKS
44	Food and non-food contact surfaces must scrubbed down and free of grime or sickness. All shelves, storage areas etc. & refrigeration units.
*	Continually satisfactory *

SIGNATURE OF INDIVIDUAL COMPLETING FORM	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED
Katherine Sabrizio	

MS-5
Revised 6/91

PAGE OF PAGES H4880

WHITE COPY-ESTABLISHMENT / YELLOW COPY-LOCAL HEALTH DEPT.

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.): Bendix Diner

DATE: 3-8-24

MUNICIPALITY: Hasbrouck Heights

TEL., CODE or ID NO.:

ITEM NO.	REMARKS
	Due to issues with the ~~overflow with~~ subpump and water overflow in the basement; everything that needs to be evaluated and fixed by a licensed plumber. Please confirm that any work that needs to be done requires a permit.

SIGNATURE OF INDIVIDUAL COMPLETING FORM: Catherine Salzwedel

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED:

MS-5
Revised 6/91

PAGE OF PAGES H4880

WHITE COPY-ESTABLISHMENT / YELLOW COPY-LOCAL HEALTH DEPT.

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.): Bendix

DATE: 12-5-23

MUNICIPALITY: Hasbrouck Heights

TEL., CODE or ID NO.:

ITEM NO.	REMARKS
✓	Hand dryer was fixed
✓	Hood has been cleaned
	Note: Asked staff to take turkey off floor in freezer.
	Another food manager certificate is requested. Dimitri has his but is not currently on site
	Door in kitchen has a hole/missing pieces; needs repair by next inspection.
Note:	Building appears to need upkeep in general maintenance

SIGNATURE OF INDIVIDUAL COMPLETING FORM: Katherine Salvato

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED:

MS-5
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WHITE COPY-ESTABLISHMENT / YELLOW COPY-LOCAL HEALTH DEPT.

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SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION (Complete this section only if different from establishment information)			ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME: Bendix		
NUMBER AND STREET	COUNTY		NUMBER AND STREET: 461 Williams Ave	COUNTY: Bergen	
MUNICIPALITY	STATE		MUNICIPALITY: Hasbrouck Heights	ZIP CODE: 07604	TELEPHONE NO.
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION 2172228787

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE		TIME - (2400 HOURS)		
[1] RETAIL	3	[1] INITIAL INSPECTION ✓	DATE	BEGIN	END
[2] OTHER (Specify)	GOODS	[2] REINSPECTION *(other than initial inspection)*	11-21-23	9:45am	
[3]	[1] DESTROYED				
[4]	[2] EMBARGOED				

EVALUATION

[ ] *SATISFACTORY* [✓] *CONDITIONALLY SATISFACTORY* [ ] *UNSATISFACTORY*

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print) Hasbrouck Heights Board of Health 320 Boulevard Hasbrouck Heights, NJ 07604	INSPECTOR'S NAME AND TITLE Katherine Fabrizio Registered Enviromental Health Specialist
	INSPECTOR'S SIGNATURE Katherine Fabrizio
HEALTH OFFICER JAMES FEDORKO	INSPECTOR'S PERM. REG. NO. B175153

P5740

RISK-BASED INSPECTION REPORT

Name of Establishment	City	Date of Inspection	Risk Type
Pomix	Hasbrouck Heights	11-21-23	3

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.			-----	-----	-----
2	PIC in Risk Level 3 Retail Food Establishments is certified by *January 2, 2010.*			-----		-----
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				✓	
11	PHFs received at 41°F or below. *Except: milk, shell eggs and shellfish (45°F)*	✓				
	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	✓		-----	-----	
14	Food contact surfaces properly cleaned and sanitized	✓		✓		
	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.	✓				
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" (41°F)	✓				
18	**COOLING**: PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.					
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.	✓		✓		
21	**HOT HOLDING**: PHFs Hot Held at 135°F 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**: Approval; written procedures; conducted properly.				✓	
24	**HIGHLY SUSCEPTIBLE POPULATIONS**: Pasteurized foods used; prohibited foods not offered.	✓		-----		

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
Bendix	Hasbrouck Heights	11-21-23	3

	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)*
42		Industrial can opener needs to be replaced; it is very rusted and in poor condition.
46		Grease trap was being replaced upon inspection. (COS)
49		~~Abandoned sub pump has stagnant water that needs to be removed & sealed.~~
43		Drawers do not open & close properly.
44		Inside refrigeration units and food contact services need general cleaning.
	Note:	Restaurant Depot, Costco, Walmart (food sources)
2		Food manager certificate needs to be present.
48		Urine odor in restroom needs to be remediated.
7		Proper hand drying method needed in womens restroom.

Name of Inspecting Official	Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report
Katherine	Katherine	

Fabiano
201-220-8111

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.)	DATE
Pandix	11-21-23
MUNICIPALITY	**TEL., CODE or ID NO.**
Hasbrouck Heights	

ITEM NO.	REMARKS
43	Hood need immediate cleaning.
32	Rodent droppings found on dishes in basement.

SIGNATURE OF INDIVIDUAL COMPLETING FORM	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED
Katherine Eldredge	

WHITE COPY-ESTABLISHMENT / YELLOW COPY-LOCAL HEALTH DEPT.

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Jan. 77

SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION (Complete this section only if different from establishment information)			ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Eva DiaKaKis			ESTABLISHMENT TRADING NAME: Bendix Diner		
NUMBER AND STREET	COUNTY		NUMBER AND STREET: 469 NJ 17	COUNTY: Bergen	
MUNICIPALITY: Stony Point	STATE: NY		MUNICIPALITY: Hasbrouck Heights	ZIP CODE: 07604	TELEPHONE NO.: 201-288-0143
ZIP CODE: 10980	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE: 3

GOODS

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

- [X] 1 INITIAL INSPECTION
- [ ] 2 REINSPECTION *(other than initial inspection)*

TIME - (2400 HOURS)		
DATE	BEGIN	END
5/23/23		

EVALUATION

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

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print): Hasbrouck Heights Board of Health, 320 Boulevard, Hasbrouck Heights, NJ 07604	INSPECTOR'S NAME AND TITLE: Salvatore Fatse III, Registered Enviromental Health Specialist
	INSPECTOR'S SIGNATURE: Sal Fatse III
HEALTH OFFICER: JAMES FEDORKO	INSPECTOR'S PERM. REG. NO.: B-158339

P5740

RISK-BASED INSPECTION REPORT

Name of Establishment	City	Date of Inspection	Risk Type
Bendix Diner	Hasbrouck Heights	5/23/23	3

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

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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).		

OK

RISK-BASED INSPECTION REPORT
(CONTINUED)

Name of Establishment	City	Date of Inspection	Risk Type
Bendix Diner	Hasbrouck Heights	5/23/23	3

	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.	X	

Item #	NJAC 8:24	REMARKS *("R" = Repeat violation from previous inspection)*
40	6.2	Vermin proof Screen observed ripped
51	5.5P	Dumpsters observed to be overflowing - lids open
40	6.2I	Light shields observed missing inside Kitchen
52	10.1	No Choking prevention poster posted
2	2.1B	No licensed food Manager on Site during inspection

Name of Inspecting Official	Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report
Sal Farise III	Sal Farise III	X