



## Retail Food Establishment Sanitary Inspection Report

Type: Initial

Rating: **Conditionally Satisfactory**

Risk: 2

### Establishment Information

Peking 88  
1743 Rt 88  
Brick NJ 08723  
(732) 341-4242  
Contact at time of Inspection:

### Inspection Times

| Date     | From     | To       | Total Minutes    | Inspector        |
|----------|----------|----------|------------------|------------------|
| 08/13/24 | 11:00 am | 12:30 pm | 90               | Newman, Lawrence |
|          |          |          | <b>Total: 90</b> |                  |

### FOODBORNE ILLNESS RISK FACTORS AND INTERVENTIONS

|    | IN                                  | OUT                                 | NO                                  | NA                                  | COS                                 | MANAGEMENT AND PERSONNEL                                                                                                                                                                        |
|----|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                     | <input type="checkbox"/>            | PIC demonstrates knowledge of food safety principles pertaining to this operation.                                                                                                              |
| 2  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | PIC in Risk Level 3 Retail Food Establishments is certified by January 2, 2010                                                                                                                  |
| 3  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | <input type="checkbox"/>            | Ill or injured foodworkers restricted or excluded as required.                                                                                                                                  |
|    | IN                                  | OUT                                 | NO                                  | NA                                  | COS                                 | PREVENTING CONTAMINATION FROM HANDS                                                                                                                                                             |
| 4  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Handwashing conducted in a timely manner, prior to work, after using restroom, etc.                                                                                                             |
| 5  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | <input type="checkbox"/>            | Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.                                                                                                |
| 6  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |                                     | <input checked="" type="checkbox"/> | Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.                                                                                           |
| 7  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |                                     | <input type="checkbox"/>            | Handwashing facilities provided with warm water; soap and acceptable hand-drying method.                                                                                                        |
| 8  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Direct bare hand contact with exposed, ready-to-eat foods is avoided                                                                                                                            |
|    | IN                                  | OUT                                 | NO                                  | NA                                  | COS                                 | FOOD SOURCE                                                                                                                                                                                     |
| 9  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |                                     | <input type="checkbox"/>            | All foods, including ice and water, from approved sources; with proper records.                                                                                                                 |
| 10 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction.                                                                                                    |
| 11 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | PHFs received at 41F or below. Except milk, shell eggs and shellfish (45F).                                                                                                                     |
|    | IN                                  | OUT                                 | NO                                  | NA                                  | COS                                 | FOOD PROTECTED FROM CONTAMINATION                                                                                                                                                               |
| 12 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Proper separation of raw meats and raw eggs from ready-to-eat foods provided.                                                                                                                   |
| 13 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Food protected from contamination.                                                                                                                                                              |
| 14 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Food contact surfaces properly cleaned and sanitized.                                                                                                                                           |
|    | IN                                  | OUT                                 | NO                                  | NA                                  | COS                                 | PHFs TIME/TEMPERATURE CONTROLS                                                                                                                                                                  |
| 15 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 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. |
| 16 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Cold Holding: PHFs maintained at "Refrigeration Temperatures" (41 F)                                                                                                                            |
| 18 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Cooling: PHFs rapidly cooled from 135 F to 41 F within 6 hours and from 135 F to 70 F within 2 hours.                                                                                           |
| 19 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Cooling: PHFs prepared from ingredients at ambient temperature must be cooled to 41 F or below within 4 hours.                                                                                  |
| 20 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Reheating: PHFs rapidly reheated in proper facilities to 165 F or above within two hours or commercially processed PHF's heated to 135 F or above prior to hot holding.                         |
| 21 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Hot Holding: PHFs not held at 135 F or above in appropriate equipment.                                                                                                                          |



|                              |                                     |                                     |                          |                                     |                          |                                                                                                                                                           |
|------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 22                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Time as a Public Health Control: Approval; written procedures; time marked; discarded after 4 hours.                                                      |
| 23                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Specialized processing; approval; written procedures; conducted properly.                                                                                 |
| 24                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Highly Susceptible Populations                                                                                                                            |
| <b>GOOD RETAIL PRACTICES</b> |                                     |                                     |                          |                                     |                          |                                                                                                                                                           |
|                              | <b>IN</b>                           | <b>OUT</b>                          | <b>NO</b>                | <b>NA</b>                           | <b>COS</b>               | <b>SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION</b>                                                                                                |
| 25                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Hot and cold water available; adequate pressure.                                                                                                          |
| 26                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Food properly labeled, original container.                                                                                                                |
| 27                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Food protected from contamination during preparation, storage, and display.                                                                               |
| 28                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Utensils, spatulas, tongs, forks, disposable gloves provided & used properly to restrict bare hand contact.                                               |
| 29                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Ready-to-eat raw fruits and vegetables washed prior to serving.                                                                                           |
| 30                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Wiping cloths used and stored properly.                                                                                                                   |
| 31                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Toxic substances, properly identified, stored and used.                                                                                                   |
| 32                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Presence of insects/rodents minimized: outer openings protected, animals as allowed.                                                                      |
| 33                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Personal Cleanliness (fingernails, jewelry, outer clothing, hair restraint).                                                                              |
|                              | <b>IN</b>                           | <b>OUT</b>                          | <b>NO</b>                | <b>NA</b>                           | <b>COS</b>               | <b>FOOD TEMPERATURE CONTROL</b>                                                                                                                           |
| 34                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Food temperature measuring devices provided and calibrated.                                                                                               |
| 35                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Thin-probed temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish fillets).                                         |
| 36                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Frozen foods maintenance completely frozen.                                                                                                               |
| 37                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Frozen foods properly thawed.                                                                                                                             |
| 38                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Plant food for hot holding properly cooked to at least 135F.                                                                                              |
| 39                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Methods for rapidly cooling PHFs are properly conducted and equipment is adequate.                                                                        |
|                              | <b>IN</b>                           | <b>OUT</b>                          | <b>NO</b>                | <b>NA</b>                           | <b>COS</b>               | <b>EQUIPMENT, UTENSILS AND LINENS</b>                                                                                                                     |
| 40                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Materials, construction, repair, design, capacity, location, installation, maintenance.                                                                   |
| 41                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Equipment temperature measuring devices provided (refrigeration units, etc)                                                                               |
| 42                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | In-use utensils properly stored.                                                                                                                          |
| 43                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Utensils, single service items, equipment, linens properly stored, dried and handled.                                                                     |
| 44                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Food and non-food contact surfaces properly constructed, cleanable, used.                                                                                 |
| 45                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Proper ware washing facilities installed, maintained, cleaned, used, sanitizer test strips available, used.                                               |
|                              | <b>IN</b>                           | <b>OUT</b>                          | <b>NO</b>                | <b>NA</b>                           | <b>COS</b>               | <b>PHYSICAL FACILITIES</b>                                                                                                                                |
| 46                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Plumbing system properly installed; safe and in good repair, no potential backflow or back siphonage conditions.                                          |
| 47                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Sewage and waste water properly disposed.                                                                                                                 |
| 48                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.                                                          |
| 49                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Design, construction, installation and maintenance proper-floors/walls/ceilings.                                                                          |
| 50                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Adequate ventilation, lighting, designated areas used.                                                                                                    |
| 51                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage and refuse properly maintained. |
| 52                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | All required signs (handwashing, inspection placard, etc.) provided and conspicuously posted.                                                             |

Additional Notes and Comments

Must have a current manager's level food safety certificate.

| Citations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <p><b>2. Admin Code</b> N.J.A.C. 8:24-2.1 (b) Based on the risks of foodborne illness inherent to the food operation, during inspections and upon request, the person in charge shall demonstrate to the health authority knowledge of foodborne disease prevention, application of the Hazard Analysis Critical Control Point (HACCP) principles, and the requirements of this chapter. The person in charge shall demonstrate this knowledge by substantial compliance with this chapter. By January 2, 2010, at least one person in charge in Risk Type 3 Food Establishments shall be a certified food protection manager who has shown proficiency of required information through obtaining a food safety certificate by passing a food safety certification examination administered by an accredited certifying program recognized by the Conference for Food Protection. Certified food protection managers shall maintain the currency of the food safety certificate by following the accredited certifying program's requirements for renewal. Information on accredited food safety certification programs is available through the Department of Health and Senior Services, Food and Drug Safety Program by mailing a written request to: Consumer and Environmental Health Services, Food and Drug Safety Program, P.O. Box 369, Trenton, New Jersey, 08625-0369, telephone (609) 588-3123.</p> <p><b>Remarks</b> No food safety certificate.</p> <p><b>Location</b> Facility.</p> <p><b>Correction</b> Have someone take a managers level food safety course.</p> <p><b>Risk Factor</b></p> <p>Unknown</p> |                                                                                       |
| <p><b>6. Admin Code</b> N.J.A.C. 8:24-6.7 (a) 8:24-6.7 Handwashing facilities (a) Handwashing facilities shall be adequate in size and number and shall be so located and maintained as to permit convenient and expeditious use by all employees.</p> <p><b>Remarks</b> Handwash sink obstructed</p> <p><b>Location</b> Kitchn.</p> <p><b>Correction</b> Keep handwash sink open/available to encourage frequent use.</p> <p><b>Risk Factor</b></p> <p>Unknown</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |
| <p><b>42. Admin Code</b> N.J.A.C. 8:24-3.3 (k)3 (k) During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored: 3. On a clean portion of the food preparation table or cooking equipment only if the in-use utensil and the food-contact surface of the food preparation table or cooking equipment are cleaned and sanitized at a frequency specified under N.J.A.C. 8:24-4.6 and 4.7;</p> <p><b>Remarks</b> Knives wedged between countertops.</p> <p><b>Location</b> Kitchen.</p> <p><b>Correction</b> Store in a clean, dry place.</p> <p><b>Risk Factor</b></p> <p>Unknown</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |
| Signatures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |
| <p>Lawrence Newman, Registered Environmental Health Specialist, B-101762</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <p>Inspection Official</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Signature of Inspecting Official</p>                                               |