



OCEAN COUNTY HEALTH DEPARTMENT

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www.ochd.org



## Retail Food Establishment Sanitary Inspection Report

Type: Initial

Rating: Satisfactory

### Establishment Information

88 West Deli & Grocery  
1659 Route 88 West  
Brick NJ 08724  
(732) 458-8780

### Inspection Times

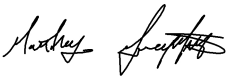
| Date      | From     | To      | Total Minutes | Inspector          |
|-----------|----------|---------|---------------|--------------------|
| 03/13/23  | 12:00 pm | 1:20 pm | 80            | Gregitis, Matthias |
| Total: 80 |          |         |               |                    |

### 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 type="checkbox"/> | <input type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | <input 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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. 130F for 112 minutes. Roasts or as per cooking chart found un |
| 16 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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: PHF's maintained at "Refrigeration Temperatures" (41 F)                                                                                                                                                                                         |

|                              |                                     |                          |                                     |                                     |                          |                                                                                                                                                                          |
|------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Cooling: PHF's 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: PHF's 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: PHF's 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hot Holding: PHF's hot held at 135 F or above in appropriate equipment.                                                                                                  |
| 22                           | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Highly Susceptible Populations                                                                                                                                           |
| <b>GOOD RETAIL PRACTICES</b> |                                     |                          |                                     |                                     |                          |                                                                                                                                                                          |
|                              | IN                                  | OUT                      | NO                                  | NA                                  | COS                      | <b>SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION</b>                                                                                                               |
| 25                           | <input checked="" 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"/> | Food properly labeled, original container.                                                                                                                               |
| 27                           | <input checked="" 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"/> | 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"/> | Ready-to-eat raw fruits and vegetables washed prior to serving.                                                                                                          |
| 30                           | <input checked="" 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"/> | Toxic substances, properly identified, stored and used.                                                                                                                  |
| 32                           | <input checked="" 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"/> | Personal Cleanliness (fingernails, jewelry, outer clothing, hair restraint).                                                                                             |
|                              | IN                                  | OUT                      | NO                                  | NA                                  | COS                      | <b>FOOD TEMPERATURE CONTROL</b>                                                                                                                                          |
| 34                           | <input checked="" 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"/> | 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"/> | Frozen foods maintenance completely frozen.                                                                                                                              |
| 37                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | <input type="checkbox"/> | Frozen foods properly thawed.                                                                                                                                            |
| 38                           | <input checked="" 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"/> | Methods for rapidly cooling PHF's are properly conducted and equipment is adequate.                                                                                      |
|                              | IN                                  | OUT                      | NO                                  | NA                                  | COS                      | <b>EQUIPMENT, UTENSILS AND LINENS</b>                                                                                                                                    |
| 40                           | <input checked="" 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"/> | Equipment temperature measuring devices provided (refrigeration units, etc)                                                                                              |
| 42                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | <input type="checkbox"/> | In-use utensils properly stored.                                                                                                                                         |
| 43                           | <input checked="" 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"/> | Food and non-food contact surfaces properly constructed, cleanable, used.                                                                                                |
| 45                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |                                     | <input type="checkbox"/> | Proper ware washing facilities installed, maintained, cleaned, used, sanitizer test strips available, used.                                                              |
|                              | IN                                  | OUT                      | NO                                  | NA                                  | COS                      | <b>PHYSICAL FACILITIES</b>                                                                                                                                               |
| 46                           | <input checked="" 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"/> | Sewage and waste water properly disposed.                                                                                                                                |
| 48                           | <input checked="" 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"/> | Design, construction, installation and maintenance proper-floors/walls/ceilings.                                                                                         |
| 50                           | <input checked="" 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"/> | 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"/> | All required signs (handwashing, inspection placard, etc.) provided and conspicuously posted.                                                             |

| Signatures                                                              |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Matthias Gregitis, Registered Environmental Health Specialist, B-164392 |  |
| Inspection Official                                                     | Signature of Inspecting Official                                                    |