



OCEAN COUNTY HEALTH DEPARTMENT

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www.ochd.org



## Retail Food Establishment Sanitary Inspection Report

Type: Initial

Rating: Satisfactory

| Establishment Information                                                     |                                               |                                                                              |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------|
| Holiday City Pizza<br>1071 Route 37 W<br>Toms River NJ 08755<br>(732)341-5070 | Sewage System: Public<br>Water System: Public | FMC Name: Salvatore Fascelli<br>Certified By: ServSafe<br>Exp Date: 04/27/26 |
| Primary Contact                                                               |                                               |                                                                              |
| Holiday City Pizza                                                            |                                               | Primary Contact: Salvatore Fascelli<br>owner                                 |

| Inspection Times |         |         |               |                 |
|------------------|---------|---------|---------------|-----------------|
| Date             | From    | To      | Total Minutes | Inspector       |
| 02/28/23         | 2:15 pm | 3:00 pm | 45            | Flanagan, Clyde |
|                  |         |         | Total: 45     |                 |

N.O. = Not Observed. COS = Corrected On Site

| FOODBORNE ILLNESS RISK FACTORS AND INTERVENTIONS |                                     |                          |                                     |                          |                                                                                                       |
|--------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------|
| IN                                               | OUT                                 | N.O.                     | N/A                                 | 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 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                                 | N.O.                     | N/A                                 | COS                      | PREVENTING CONTAMINATION FROM HANDS                                                                   |
| 4                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Handwashing conducted in a timely manner, prior to work, after using restroom, etc.                   |
| 5                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/>            | <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"/>            | <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"/> | Direct bare hand contact with exposed, ready-to-eat foods is avoided                                  |
| IN                                               | OUT                                 | N.O.                     | N/A                                 | COS                      | FOOD SOURCE                                                                                           |
| 9                                                | <input checked="" type="checkbox"/> | <input 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 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"/> | PHFs received at 41F or below. Except milk, shell eggs and shellfish (45F).                           |
| IN                                               | OUT                                 | N.O.                     | N/A                                 | COS                      | FOOD PROTECTED FROM CONTAMINATION                                                                     |
| 12                                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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"/> | Food protected from contamination.                                                                    |
| 14                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Food contact surfaces properly cleaned and sanitized.                                                 |
| IN                                               | OUT                                 | N.O.                     | N/A                                 | COS                      | PHFs TIME/TEMPERATURE CONTROLS                                                                        |

|                       |                                     |                                     |                                     |                                     |                          |                                                                                                                                                                                                                                                               |
|-----------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 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: PHF's maintained at "Refrigeration Temperatures" (41 F)                                                                                                                                                                                         |
| 18                    | <input 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 checked="" type="checkbox"/> | <input 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                                                                                                                                                                                                                                |
| GOOD RETAIL PRACTICES |                                     |                                     |                                     |                                     |                          |                                                                                                                                                                                                                                                               |
|                       | IN                                  | OUT                                 | N.O.                                | N/A                                 | COS                      | SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION                                                                                                                                                                                                           |
| 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                                 | N.O.                                | N/A                                 | COS                      | FOOD TEMPERATURE CONTROL                                                                                                                                                                                                                                      |
| 34                    |                                     | <input checked="" 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                                 | N.O.                                | N/A                                 | COS                      | EQUIPMENT, UTENSILS AND LINENS                                                                                                                                                                                                                                |
| 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                                 | N.O.                                | N/A                                 | COS                      | PHYSICAL FACILITIES                                                                                                                                                                                                                                           |

|    |                                     |                                     |  |                          |                                                                                                                                                           |
|----|-------------------------------------|-------------------------------------|--|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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"/> | 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.                                                             |

#### Additional Notes and Comments

Satisfactory.

#### Citations

**34. Admin Code** N.J.A.C. 8:24-4.2 (c) 1 (c) Temperature measuring devices shall meet the following requirements: 1. Food temperature measuring devices shall be provided and readily accessible for use in ensuring attainment and maintenance of food temperatures as specified under N.J.A.C. 8:24- 3.

**Remarks** Not all refrigerators/freezers have thermometers but temperatures in compliance.

**Location** Kitchen.

**Correction** Add more thermometers.

**Risk Factor** Unknown

**51. Admin Code** N.J.A.C. 8:24-6.5 (b) (b) The physical facilities shall be cleaned as often as necessary to keep them clean. Cleaning shall be done during periods when the least amount of food is exposed such as after closing. This requirement does not apply to cleaning that is necessary due to a spill or other accident.

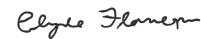
**Remarks** Walkin refrigerator has dust around the fan area.

**Location** Kitchen.

**Correction** Remove the dust.

**Risk Factor** Unknown

#### Signatures



Clyde Flanagan, Senior Registered Environmental Health Specialist, B-101768

Inspection Official

Signature of Inspecting Official