

**RETAIL FOOD INSPECTION REPORT**

|                                 |                                   |
|---------------------------------|-----------------------------------|
| Activity Type<br><i>Initial</i> | Evaluation<br><i>Satisfactory</i> |
|---------------------------------|-----------------------------------|

|   |                                      |  |
|---|--------------------------------------|--|
| Name of Owner(s), Partnership or Corporation<br><i>Managers - Steve Chef - Rick</i> | Trade Name<br><i>Terrace Club</i>    | Reinspection on or After:<br><i>12/09/14</i> |
| Establishment Location (Street Address)<br><i>62 Washington St.</i>                 | City<br><i>Princeton</i>             | Zip Code<br><i>08540</i>                     |
| Establishment Mailing Address (if different)<br><i>K. Levine</i>                    | Telephone No.<br><i>609.258.0262</i> | County<br><i>Mer</i>                         |
| Name of Inspecting Official<br><i>K Levine</i>                                      | REHS Lic. #<br><i>B 2257</i>         | Name of Health Officer<br><i>J. Grosser</i>  |
|   |                                      | Risk Type<br><i>3</i>                        |
|   |                                      | License No.                                  |

**TIME/ACTIVITY REPORT (Codes: 1-Travel, 2-Inspection, 3-Administration)**

| Date            | Code | Began | Ended | Date | Code | Began | Ended | Date | Code | Began | Ended |
|-----------------|------|-------|-------|------|------|-------|-------|------|------|-------|-------|
| <i>12/02/14</i> |      |       |       |      |      |       |       |      |      |       |       |

**FOODBORNE ILLNESS RISK FACTORS AND INTERVENTIONS**

RISK FACTORS are improper practices identified as the most common factors resulting in foodborne illness (FBI). INTERVENTIONS are control measures to prevent FBI

Mark "X" in appropriate Box: IN=In Compliance; OUT=Not in Compliance; NO=Not Observed; NA=Not Applicable; COS=Corrected On-site. R in OUT Box=Repeat Violation.

**MANAGEMENT AND PERSONNEL**

|  | IN                                  | OUT | N.O. | N/A | COS |
|--|-------------------------------------|-----|------|-----|-----|
| 1 PIC demonstrates knowledge of food safety principles pertaining to this operation. | <input checked="" type="checkbox"/> |     |      |     |     |
| 2 PIC in Risk Level 3 Retail Food Establishments is certified by January 2, 2010.    | <input checked="" type="checkbox"/> |     |      |     |     |
| 3 Ill or injured foodworkers restricted or excluded as required.                     | <input checked="" type="checkbox"/> |     |      |     |     |

**PREVENTING CONTAMINATION FROM HANDS**

|   | IN                                  | OUT | N.O. | N/A | COS |
|---|-------------------------------------|-----|------|-----|-----|
| 4 Handwashing conducted in a timely manner; prior to work, after using restroom, etc.                   | <input checked="" type="checkbox"/> |     |      |     |     |
| 5 Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.      | <input checked="" type="checkbox"/> |     |      |     |     |
| 6 Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed. | <input checked="" type="checkbox"/> |     |      |     |     |
| 7 Handwashing facilities provided with warm water; soap and acceptable hand-drying method.              | <input checked="" type="checkbox"/> |     |      |     |     |
| 8 Direct bare hand contact with exposed, ready-to-eat foods is avoided.                                 | <input checked="" type="checkbox"/> |     |      |     |     |

**FOOD SOURCE**

|  | IN                                  | OUT | N.O. | N/A | COS |
|--|-------------------------------------|-----|------|-----|-----|
| 9 All foods, including ice and water, from approved sources; with proper records               | <input checked="" type="checkbox"/> |     |      |     |     |
| 10 Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction | <input checked="" type="checkbox"/> |     |      |     |     |
| 11 PHFs received at 41°F or below. <i>Except: milk, shell eggs and shellfish (45°F)</i>        | <input checked="" type="checkbox"/> |     |      |     |     |

**FOOD PROTECTED FROM CONTAMINATION**

|   | IN                                  | OUT | N.O. | N/A | COS |
|---|-------------------------------------|-----|------|-----|-----|
| 12 Proper separation of raw meats and raw eggs from ready-to-eat foods provided | <input checked="" type="checkbox"/> |     |      |     |     |
| 13 Food protected from contamination  | <input checked="" type="checkbox"/> |     |      |     |     |
| 14 Food contact surfaces properly cleaned and sanitized                         | <input checked="" type="checkbox"/> |     |      |     |     |

**PHFs TIME/TEMPERATURE CONTROLS**

|  | IN                                  | OUT | N.O. | N/A | COS |
|--|-------------------------------------|-----|------|-----|-----|
| 15 <b>SAFE COOKING TEMPERATURES</b> (Internal temperatures for raw animal foods for 15 seconds)<br><i>Except: Foods may be served raw or undercooked in response to a consumer order and for immediate service.</i><br>130°F for 112 minutes: Roasts or as per cooking chart found under 3.4(a)2;<br>145°F: Fish, Meat, Pork; 155°F: Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs;<br>165°F: Poultry; Stuffed fish/meat/or pasta; Stuffing containing fish/meat. | <input checked="" type="checkbox"/> |     |      |     |     |
| 16 <b>PASTEURIZED EGGS:</b> substituted for shell eggs in raw or undercooked egg-containing foods, i.e. Caesar salad dressing, hollandaise sauce, tiramisu, chocolate mousse, meringue, etc.   | <input checked="" type="checkbox"/> |     |      |     |     |
| 17 <b>COLD HOLDING:</b> PHFs maintained at "Refrigeration Temperatures" (41°F)   | <input checked="" type="checkbox"/> |     |      |     |     |
| 18 <b>COOLING:</b> PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.  | <input checked="" type="checkbox"/> |     |      |     |     |
| 19 <b>COOLING:</b> PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.  | <input checked="" type="checkbox"/> |     |      |     |     |
| 20 <b>REHEATING:</b> PHFs rapidly reheated (within 2 hours) in proper facilities to at least 165°F; or commercially processed PHFs heated to at least 135°F prior to hot holding.  | <input checked="" type="checkbox"/> |     |      |     |     |
| 21 <b>HOT HOLDING:</b> PHFs Hot Held at 135°F or above in appropriate equipment.   | <input checked="" type="checkbox"/> |     |      |     |     |
| 22 <b>TIME as a PUBLIC HEALTH CONTROL:</b> Approval; written procedures; time marked; discarded in 4 hours.  | <input checked="" type="checkbox"/> |     |      |     |     |
| 23 <b>SPECIALIZED PROCESSING METHODS:</b> Approval; written procedures; conducted properly.  | <input checked="" type="checkbox"/> |     |      |     |     |
| 24 <b>HIGHLY SUSCEPTIBLE POPULATIONS:</b> Pasteurized foods used; prohibited foods not offered.  | <input checked="" type="checkbox"/> |     |      |     |     |

**RETAIL FOOD INSPECTION REPORT  
(CONTINUED)**

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.  
 OUT= Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box

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

| Item # | NJAC 8:24 | REMARKS ("R" = Repeat violation from previous inspection) |
|--------|-----------|---|
|        |           | * See Attached Report                                     |

|  |   |   |
|--|---|---|
| Name of Inspecting Official<br><i>Keith Levine</i> | Signature of Inspecting Official<br><i>Keith Levine</i> | Name and Title of Person Receiving Copy of Report<br><i>[Signature]</i> |
|--|---|---|

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

|  |              |                      |          |
|--|--------------|----------------------|----------|
| Name (Individual, Facility, Establishment, etc.) | Terrace Club | Date                 | 12/02/14 |
| Municipality                                     | Princeton    | Tel., Code or ID No. |          |

| Item No. | General Condition - Good | Remarks |
|----------|--------------------------|---------|
|----------|--------------------------|---------|

6.7 No hand drying provision at handwash sink in kitchen.  
\*(Please keep paper towels stocked at handwash sinks)

3.3 Ice scoops (2) improperly stored on top of ice machine. Please keep scoops in holder and clean frequently)

\*\* October - March is flu & norovirus season. It is important to sanitize surfaces and wash hands regularly to avoid the spread of illness

\* Please use sanitize buckets at all food prep stations  
1/2 cupful of bleach per 1/2 gallon of hot water.  
Store all wet and soiled cloth rags in these buckets for cleaning surfaces.

- Notes -

Refrigeration temps at 41° or below

Cold holding temps at 41° or below

Hot holding temps at 135° or higher

|   |  |
|---|--|
| Signature of Individual Completing Form | Signature of Owner of Facility, Establishment, etc., if required |
|---|--|

Kevin Ferrine

[Signature]

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Terrace Club

Date

12/02/14

Municipality

Princeton

Tel., Code or ID No.

Item No.

Remarks

Food storage proper in walk-in boxes and other refrigerator units.

Dishwasher functioning properly - chemical sanitizes used Cycle reached 186°

Self-serve/Patron areas properly maintained

Utensils and cookware properly maintained

Dry food storage area/basement area properly maintained

Grease trap records maintained. \* Please make sure to keep a copy of clean-out records at the grease trap in a plastic sleeve for easy review on inspection!

\* Please correct violations for re-inspection in 1 week

Signature of Individual Completing Form

Keith Ferrero

Signature of Owner of Facility, Establishment, etc., if required

[Signature]