

RETAIL FOOD INSPECTION REPORT

Activity Type <i>Initial</i>		Evaluation <i>Delayed Posting</i>		
Name of Owner(s), Partnership or Corporation <i>Jennifer Letteries</i>		Trade Name <i>Tortugas</i>		Reinspection on or After: <i>2 weeks (7/21/15)</i>
Establishment Location (Street Address) <i>41 Leigh Ave</i>		City <i>Princeton</i>	Zip Code <i>08540</i>	County <i>Mer</i>
Establishment Mailing Address (if different)		Telephone No. <i>(609) 924-5143</i>	E-mail Address <i>www.tortugasmv.com</i>	
Name of Inspecting Official <i>K. Levine</i>		REHS Lic. # <i>B2257</i>	Name of Health Officer <i>J. Grossen</i>	Risk Type <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>7/27/15</i>				<i>7/21/15</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 type="checkbox"/>	<input checked="" type="checkbox"/>	----	----	----
2 PIC in Risk Level 3 Retail Food Establishments is certified by January 2, 2010. <i>Not on-site</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	----	<input type="checkbox"/>	----
3 Ill or injured foodworkers restricted or excluded as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	----	----	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	----	<input type="checkbox"/>
6 Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	----	----	<input checked="" type="checkbox"/>
7 Handwashing facilities provided with warm water; soap and acceptable hand-drying method.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	----	----	<input checked="" type="checkbox"/>
8 Direct bare hand contact with exposed, ready-to-eat foods is avoided.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	----	----	<input type="checkbox"/>
10 Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 PHFs received at 41°F or below. <i>Except: milk, shell eggs and shellfish (45°F)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Food protected from contamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	----	----	<input checked="" type="checkbox"/>
14 Food contact surfaces properly cleaned and sanitized	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PHFs TIME/TEMPERATURE CONTROLS

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

Name of Inspecting Official <i>K. Levine</i>	Signature of Inspecting Official <i>K. Levine</i>	Name and Title of Person Receiving Copy of Report <i>Lucia Oaxaca Rojas</i>
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CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Tortugas	Date	7/07/15
Municipality	Princeton	Tel., Code or ID No.	

Item No. General Condition: Very Good Remarks

- Kitchen Area -

3.5 4 medium size containers of chorizo in sauce cooling on floor w/ soiled fan blowing at uncovered food - Improper cooling method, very unsafe -

3.3M * No sanitize buckets found at prep or cooking stations anywhere in facility - Repeat Violation - Sanitize buckets must be used to store wet and soiled cloth rags. Sanitize solution = 1 capful of bleach per gallon of hot water. This is essential for sanitizing surfaces and preventing the growth of bacteria and spread of virus.

6.7 Several large cucumbers sitting in handwash sink by rear door. (Handwash sink must be used for handwashing only) - Repeat Violation -

3.3 Medium size crate of tomatoes set on floor in standing ^{water} underneath prep table in kitchen. (Always be sure to clean standing water & fix sources of leaking water, please be sure not to store any food in problem areas)

- Dining Area -

6.7 Hostess station hand sink requires paper towels & paper towel holder. (Please do not use cloth rags for -

Signature of Individual Completing Form	Signature of Owner of Facility, Establishment, etc. if required
Kevin Ferrera	Xiordia Caralá Rojas
hand washing.)	

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Tortugas	Date	7/07/15
Municipality	Princeton	Tel., Code or ID No.	

Item No.	Remarks
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- Basement Area -

3.5 9 deep containers (approx 10qt size) of refried beans and a red sauce cooling at room temperature on shelves. ~~All~~ All cooling should be done rapidly and never at room temperature. Cool in shallow pans or in an ice bath for quick cooling. Then transfer food to a refrigerator or freezer. Cooling can be done inside a refrigerator or freezer and should never be done at room temp over many hours. * Please discuss proper cooling methods w/ me if you require further assistance. Minimizing bacterial growth and preventing food contamination is the main goal of proper cooling.

3.5 True brand small refrigerator is running warm - 48°. Eggs, ~~cut~~ mushrooms and soft tortillas stored in this unit.

3.3 About 8 or so garbage pails used to store crunchy style tortilla chips. Food residue build-up on inside of pails. Please use plastic bags to line the inside of the pails and change as needed.

Signature of Individual Completing Form	Signature of Owner of Facility, Establishment, etc., if required.
Keith Levine	X Lucia Oaxaca Rojas

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.) <p align="center" style="font-size: 1.2em;">Tortugas Princeton</p>	Date <p align="center" style="font-size: 1.2em;">7/27/15</p>
Municipality	Tel., Code or ID No.

Item No.	Remarks
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- Basement Area Cont'd -

4.6 Ice machine has sink mold build-up on inside of unit (on backplate)

4.3 Ice scoops (2) improperly stored. (Please obtain holders for the ice scoops and clean regularly)

- Notes -

Facility is very well maintained. Cleanliness of patron area, basement & storage area is impeccable.

Dry food storage areas well maintained - food stored properly
 Most refrigeration & freezer units have excellent storage
 * Please remember to store all raw foods on bottom shelving in refrigerators and separate properly from any finished or ready-to-eat foods to prevent cross-contamination.

Handwash sink in kitchen properly set up w/ paper towels, soap, & hot water.

Restrooms & dumpster area well maintained

Dishwasher functioning properly - chemical sanitizer used, 120° achieved

* Please have a second employee certified in food safety
 Serv-safe info left this date call if you have any questions

Signature of Individual Completing Form <p style="font-size: 1.2em;">Sant Ferrn</p>	Signature of Owner of Facility, Establishment, etc. if required <p style="font-size: 1.2em;">Lucia Oaxaca Rojas</p>
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* Courses are also held in Spanish