Monmouth County Board of Health
50 East Main Street
Freehold, NJ 07728
732-431-7456

RETAIL FOOD INSPECTION REPORT

Activity Type	Evaluation
Routine	Delayed

Name of Owner(s), Partnership or Corporation	Trade Name	Reinspection on or After:
	Uncle John's Bistro	

Establishment Location (Street Address)	City	Zip Code	County	Co/Mun Code
429 Middle Rd	Holmdel	07733	Mon	

Establishment Mailing Address (if different)	Telephone No.	E-mail Address
	732-787-1800	sandyjag714@gmail.com

Name of Inspecting Official	REHS Lic. #	Name of Health Officer	Risk Type	License No.
Zarin Hussain	B-17782	**Christopher P. Merkel**	4	

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

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
4/7/10											

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.	X		-----	-----	-----
2	PIC in Risk Level 3 Retail Food Establishments is certified by *January 2, 2010.*	X		-----	☐	-----
3	Ill or injured foodworkers restricted or excluded as required.	X		☐	-----	☐
	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.	☐		X	☐	☐
5	Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.	☐		X	-----	☐
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	X		-----	-----	☐
7	Handwashing facilities provided with warm water; soap and acceptable hand-drying method.	X		-----	-----	☐
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	X		☐	☐	☐
	FOOD SOURCE	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
9	All foods, including ice and water, from approved sources; with proper records	☐	X	-----	-----	☐
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction	☐	X	☐	☐	☐
11	PHFs received at 41°F or below. *Except: milk, shell eggs and shellfish (45°F)*	X		☐	☐	☐
	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	X		-----	☐	☐
13	Food protected from contamination	X		-----	-----	☐
14	Food contact surfaces properly cleaned and sanitized	X		☐	☐	☐
	PHFs TIME/TEMPERATURE CONTROLS	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
15	**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. **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.	X		☐	☐	☐
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.	☐		☐	X	☐
17	**COLD HOLDING**: PHFs maintained at "Refrigeration Temperatures" (41°F)	X		☐	☐	☐
18	**COOLING**: PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.	☐		X	☐	☐
19	**COOLING**: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.	☐		X	☐	☐
[redacted]						
21	**HOT HOLDING**: PHFs Hot Held at 135°F or above in appropriate equipment.	X		☐	☐	☐
22	**TIME as a PUBLIC HEALTH CONTROL**: Approval; written procedures; time marked; discarded in 4 hours.	☐	R	☐	X	☐
23	**SPECIALIZED PROCESSING METHODS**: Approval; written procedures; conducted properly	☐		☐	☐	☐
24	**HIGHLY SUSCEPTIBLE POPULATIONS**: Pasteurized foods used; prohibited foods n[redacted]					

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

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

Item #	NJAC 8:24	REMARKS *("R" = Repeat violation from previous inspection)*
	3.4(a)	* Supplier letter for this year unable to be pulled up (NO Δ)
		* Records from Jan-Feb 2024 & 2025 unable to be located
		* records for 2 OOS presented of year of 2026
		* Xiang Jiang ServSafe certified (renewal due 4/10/2031)
	4.6(a)(b)	* QAC at 3bay unable to be released (dispenser broke on-site)
		manager observed contacting Ecolab, Clorox on-site*
		water heater initially NOT turned on prior to opening (manager)

Name of Inspecting Official	Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report
Zarin Hussain		

MONMOUTH COUNTY DEPARTMENT OF HEALTH
(732) 431-7456
Continuation Sheet

(For Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc)	Date
Uncle John's Bistro	11/17/2026
Municipality	**Tel., Code or ID No.**
Holmdel	

Item No.	Remarks
	PIC highly recommended to ensure powered earlier
	* Dishwasher: temp 121F, QAC fed into unit (QAC 150ppm), test strips on top
	* pH reading: 4.25
	* Wood confirmed serviced every 6 months (scheduled 11/2026)
	* PIC notified to strive to complete every ~3 months

Signature of Individual Completing Form	Signature of Owner of Facility, Establishment, etc., if required
[signature]	[signature]

WHITE-Establishment CANARY-Local Health Department