Monmouth County Office of Public Health
3000 Kozloski Rd.
Freehold, NJ 07728
(732) 431-7456

RETAIL FOOD INSPECTION REPORT

Activity Type	Evaluation
Initial	Satisfactory

Name of Owner(s), Partnership or Corporation	Trade Name	Reinspection on or After:
	The Squire/Branches Catering	

Establishment Location (Street Address)	City	Zip Code	County	Co/Mun Code
123 Monmouth Road	West Long Branch	07764	Monmouth	

Establishment Mailing Address (if different)	Telephone No.	E-mail Address
	(732) 542-5050	carlosmena10@icloud.com

Name of Inspecting Official	REHS Lic. #	Name of Health Officer	Risk Type	License No.
Lisa Muscillo	B-101713	Enrico Cabredo	3	

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

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
11/5/2026											

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.	☑	☐	-----	-----	-----
2	PIC in Risk Level 3 Retail Food Establishments is certified by *January 2, 2010.*	☑	☐	-----	☐	-----
3	Ill or injured foodworkers restricted or excluded as required.	☐	☐	☑	-----	☐
	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.	☐	☐	☑	☐	☐
5	Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.	☐	☐	☑	-----	☐
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	☑	☐	-----	-----	☐
7	Handwashing facilities provided with warm water; soap and acceptable hand-drying method.	☐	☒	-----	-----	☑
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	☑	☐	☐	☐	☐
	FOOD SOURCE	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
9	All foods, including ice and water, from approved sources; with proper records	☑	☐	-----	-----	☐
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction	☑	☐	☐	☐	☐
11	PHFs received at 41°F or below. *Except: milk, shell eggs and shellfish (45°F)*	☐	☐	☑	☐	☐
	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	☑	☐	-----	☐	☐
13	Food protected from contamination	☑	☐	-----	-----	☐
14	Food contact surfaces properly cleaned and sanitized	☑	☐	☐	☐	☐
	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.	☑	☐	☐	☐	☐
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.	☐	☐	☑	☐	☐
17	**COLD HOLDING**: PHFs maintained at "Refrigeration Temperatures" (41°F)	☑	☐	☐	☐	☐
18	**COOLING**: PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.	☐	☐	☑	☐	☐
19	**COOLING**: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.	☐	☐	☑	☐	☐
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.	☐	☐	☑	☐	☐
21	**HOT HOLDING**: PHFs Hot Held at 135°F or above in appropriate equipment.	☐	☐	☑	☐	☐
22	**TIME as a PUBLIC HEALTH CONTROL**: Approval; written procedures; time marked; discarded in 4 hours.	☐	☐	☐	☐	☐
23	**SPECIALIZED PROCESSING METHODS**: Approval; written procedures; conducted properly.	☐	☒	☐	☐	☑
24	**HIGHLY SUSCEPTIBLE POPULATIONS**: Pasteurized foods used; prohibited foods not offered.	☐	☐	-----	☑	☐

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)*
7	6.7i	Kitchen hand sink The Squire side - no handsoap; Corrrected.
7	6.7j	Wait station and The Squire main bar hand sink - no hand drying device/paper towels; Corrected.
23	3.5h,i	Reduced air/vacuum sealing of marinated shrimp, cooked gravies with no approved HACCP plan.
		Voluntarily disposed.
23	3.5i	Reduced air/vacuum sealing of fish. Fish may only be vacuum packed if frozen before, during and after packaging.
		Packages of sealed fish, refrigerated and frozen, opened for air flow.
	Note	Head Chef: Carlos Mena
	Note	CFPM: Carlos Mena, ServSafe, Expires 8/11/27
	Note	Toilet rooms satisfactory.
	Note	Exterior dumpster area satisfactory
	Note	No evidence of insects/rodents observed.
	Note	*****See next page for Remarks Continuation

Name of Inspecting Official	Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report
Lisa Muscillo		

Item #	NJAC 8:24	REMARKS CONTINUED
	Note	Temperatures obtained using inspector's thermometer: Kitchen: Dishwasher (high temperature sanitize) final rinse temperature at plate: 161.4F. Beverage Air 2 door ref: 36F; Delfield 4 door ref: 35F; Work table ref (3): 36F, 38F; 38F bottom - 43F top; Risotto on stove top: 164F; Soup stock: 183F White chest freezers (2): -6F; -13F Work table refrigerators (Branches side): 34F, 37F Dairy/produce walk in refrigerator: 33F; Poultry/seafood walk in refrigerator: 34F; Beer/wine walk in ref: 31F Ice cream walk in refrigerator: -14F Corbo 4 door ref: 39F; Refrigerated drawers: 40F Basement: Walk in beer cooler: 43F Wait station: Display ref: 33F Main bar (The Squire): All refrigerators (4) <=41F; Jackson dishwasher final rinse temp at plate: 164.1F Catering bar small: Reach in ref: 37F; Coolers (2): 43F, 40F Catering bar large: Refrigerators (4): 33F, 32F, 41F; 37F

Name of Inspecting Official	Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report
Lisa Muscillo	Muscillo, Lisa Digitally signed by Muscillo, Lisa Date: 2026.11.05 13:58:57 -05'00'	

Monmouth County
Department of Health and Human Services

50 East Main Street
Freehold, NJ 07728
(732) 431-7456

Faye@branches-event.com

Continuation Sheet
(For Inspections, Complaints, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
THE SQUIRE / BRANCHES	NOV 5, 2026 4:30PM
Municipality	**Telephone No.**
123 MONMOUTH RD WEST LONG BRANCH	

Item No.	NJAC 8:24 Remarks
NOTE	A NUMBER OF COOKED AND RAW/COOKED FISH FOOD ITEMS
	FOUND TO BE REDUCED OXYGEN PACKAGED (VACUUM PACKED)
	IN BOTH REFRIGERATOR AND WALK IN FREEZER.
3.5h,i	NO HACCP PLAN PRESENT
3.5h,i	FISH PROHIBITED FROM ROP
	ALL ITEMS REMOVED AND VOLUNTARILY DIPOSED; PACKAGES
	BLEACHED
	MUST NOT USE VACUUM SEALER ON
	- COOKED FOOD
	- RAW OR COOKED FISH, SHRIMP, LOBSTER, SCALLOPS
	MAY VACUUM SEAL RAW BEEF. PORK CHICKEN WITH
	NO ADDITIONS TO PRODUCT
	SEE NEXT SHEET FOR LIST OF PRODUCTS REMOVED

Signature of Individual Completing Form	Signature of Person Receiving Repot, if required
Lisa Musallo / B THE SQUIRE	[signature]

Monmouth County
Department of Health and Human Services

50 East Main Street
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Continuation Sheet

(For Inspections, Complaints, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
THE SQUIRE / BRANCHES	NOV 5, 2026 4:30 PM
Municipality	**Telephone No.**
123 MONMOUTH RD WEST LONG BRANCH	

Item No.	Remarks NJAC 8:24 PRODUCTS VOL DESTROYED
	CHICKEN WINGS - COOKED 40 POUNDS
	PRIME RIB - COOKED 6 POUNDS
	SHORT RIB - COOKED 5 POUNDS
	HALIBUT 8 OZ EACH 4
	CHICKEN 5 POUNDS COOKED
	FROZEN HALIBUT 10 POUNDS
	FROZEN COD 11 POUNDS
	FROZE BRANZINO 7 POUNDS
	COOKED FROZEN SAUSAGE 8 POUNDS
	SHRIMP 2 POUNDS
	COOKED PEPPER STEAK 15 POUNDS
	SAUSAGE, PEPPERS, ONIONS 9 POUNDS
	LOBSTER COOKED FROZEN 18 POUNDS
	SMOKED FISH 8 POUNDS
	SCALLOPS 2 POUNDS
	RESTAURANT MGR: FAYE BASILE

Signature of Individual Completing Form	Signature of Person Receiving Repot, if required
Lisa Muscolo	Faye Basile

MONMOUTH COUNTY
OFFICE OF PUBLIC HEALTH
3000 Kozloski Road
Freehold, New Jersey 07728
Phone: (732) 431-7456
Fax: (732) 409-7579

VOLUNTARY DESTRUCTION CERTIFICATION (FOOD, DRUGS, COSMETICS, DEVICES)

TO:

DATE: NOVEMBER 5, 2026

I LISA MUSCILLO a representative of the Monmouth County Office of Public Health, witnessed the voluntary destruction of the following products which were:

☐ embargoed ☑ not embargoed

Product	Pieces	Net Weight	Seal No.
CHICKEN WINGS - COOKED		40 lbs	
PRIME RIB - COOKED		6 lbs	
SHORT RIB - COOKED		5 lbs	
CHICKEN - COOKED		5 lbs	
HALIBUT - RAW		2 lbs	
HALIBUT - FROZEN		10 lbs	
COD - FROZEN		11 lbs	
BRANCINO - FROZEN		7 lbs	
SAUSAGE - COOKED, FROZEN		8 lbs	
SHRIMP - FROZEN		2 lbs	
PEPPER STEAK - COOKED, FROZEN		15 lbs	
SAUSAGE, PEPPERS, ONIONS - COOKED, FROZEN		9 lbs	
LOBSTER - FROZEN		18 lbs	
SWORD FISH - FROZEN		8 lbs	
SCALLOPS - FROZEN		2 lbs	

ATTACH LIST IF NECESSARY

In possession of	Destroyed at
THE SQUIRE / BRANCHES	THE SQUIRE / BRANCHES
Address	**City**
123 MONMOUTH RD	WEST LONG BRANCH
City NJ **Zip**	**Destruction Method**
WEST LONG BRANCH 07764	BAGGED BLEACHED PUT IN DUMPSTER

Authorized by (owner)	Title	Date
FAYE BASILE	MANAGER	NOV 5, 2026

Representative MCHD	Title	Reg. No	Signature
LISA MUSCILLO	REHS	B-101713	Lisa Muscillo