



SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <i>PIC - Gery + Geeta</i>		ESTABLISHMENT TRADING NAME <i>Bagel + Grill</i>	
NUMBER AND STREET <i>207 US-22 East</i>		NUMBER AND STREET <i>207 US-22 East</i>	
COUNTY		MUNICIPALITY <i>Green Brook</i>	ZIP CODE <i>08812</i>
MUNICIPALITY	STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>732-629-7755</i>
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl.)	CO/MUN CODE

INSPECTION

TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify): 3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE	1 <input type="checkbox"/> INITIAL INSPECTION 2 <input checked="" type="checkbox"/> REINSPECTION (other than initial inspection)		
	GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>10/12/21</i>	<i>11:15am</i>	
		<i>10/28/21</i>	<i>9:15am</i>	

EVALUATION

SATISFACTORY CONDITIONALLY SATISFACTORY UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print)		NAME OF INSPECTOR <i>Shahira Morell</i>	
TELEPHONE NUMBER <i>732-968-5151</i>		TITLE <i>REHS</i>	
NAME OF HEALTH OFFICER <i>Kevin Sumner</i>		INSPECTOR'S SIGNATURE <i>Shahira Morell</i>	
		INSPECTOR'S PERM. REG. NO. <i>B-1164238</i>	DATE <i>10/12/21</i>

CONTINUATION SHEET
(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.)	Bagel + Grill	DATE	10/28/21
MUNICIPALITY	Green Brook	TEL., CODE or ID NO.	

ITEM NO.	REMARKS
10/12/21	The owner stated he is selling the business

- Did not remediate most violations
- kept on Conditional

10/28/21	<hr/> <p align="center">Good Job!</p>
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- Walk - Ins - Food stored 6" OFF FI
- Thermometers @ $\leq 41^{\circ}\text{F}$
- Cleaning products and Maintenance tools in order
- Plumbing at sink - repaired
- Free of items not in use - Cleared Area
- Test Strips
- Bathroom - Self-Closing

Note * Store will remain under current owner as of now

~~Issued
Satisfactory~~

SIGNATURE OF INDIVIDUAL COMPLETING FORM	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED
	