



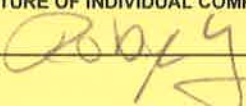
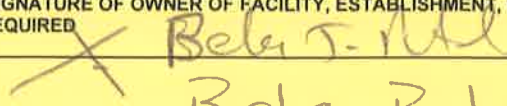
SANITARY INSPECTION REPORT

IDENTIFICATION					
OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>			ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME <i>Bhavana</i>		
NUMBER AND STREET			NUMBER AND STREET <i>05 Hwy 92 West</i>		
COUNTY			MUNICIPALITY <i>Green Brook</i>		ZIP CODE
MUNICIPALITY		STATE	COUNTY <i>Summit</i>		TELEPHONE NO.
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)		CO/MUN CODE
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION	
1 <input checked="" type="checkbox"/> RETAIL				2 <input checked="" type="checkbox"/> REINSPECTION (other than initial inspection)	
2 <input type="checkbox"/> OTHER (Specify):		GOODS <i>Outdated items</i>		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input checked="" type="checkbox"/> DESTROYED		DATE	BEGIN
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		<i>7/22/02</i>	
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND (print)			NAME OF INSPECTOR		
<i>Middle-Brook Regional Health Comm</i>			<i>Robyn Key</i>		
<i>111 Green Brook Rd</i>			TITLE		
<i>Green Brook NJ</i>			<i>Sr. REHS</i>		
TELEPHONE NUMBER			INSPECTOR'S SIGNATURE		
<i>(732) 968-5151</i>			<i>Rkey</i>		
NAME OF HEALTH OFFICER			INSPECTOR'S PERM. REG. NO.		DATE
<i>K E Sumner</i>			<i>B-1849</i>		

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

NAME (Individual, Facility, Establishment, etc.) Bahawani Cash + Carry	DATE 7/28/22
MUNICIPALITY Green Brook	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<p>NOTE: Inspected in response to a food complaint of Outdated items.</p> <p>{ 2 10 lb bags of Rice out of Date. 6 1 Ltr ^{Adhyanam} Sesame Oil Bottles out of Date. 5 Containers of Swt Cream. }</p> <p>Expired items removed From shelves.</p>
6.5	<p>OK: Refrigeration + Freezer units are at satisfactory temperatures.</p> <p>Floor under shelving in Bulk Refrigerator outside of rear Area where Food is delivered is dirty. There is an accumulation of old food under shelving.</p> <p>Shelving (especially w/ oil) must be cleaned.</p>
	<p>NOTE: Bathrooms are satisfactory.</p>
6.2	<p>There is an accumulation of Fruit Flies in the Fruit + Vegetable section.</p>
	<p>NOTE: Follow-up in about a week.</p>

SIGNATURE OF INDIVIDUAL COMPLETING FORM 	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED  Bela Patel
MS-5 10/05	PAGE 1 OF 1 PAGES