



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>Rhe Jani Cash + Carry</i>		
NUMBER AND STREET			NUMBER AND STREET <i>105 Hwy 27</i>		
COUNTY			MUNICIPALITY <i>Green Brook</i>		ZIP CODE
MUNICIPALITY		STATE	COUNTY		TELEPHONE NO.
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION	
1 <input checked="" type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
2 <input type="checkbox"/> OTHER <i>(Specify):</i>		GOODS		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		<i>9/22/21</i>	<i>11:30</i>
					<i>12:15 hrs.</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 <i>(print)</i>			NAME OF INSPECTOR		
<i>Middle-Brook Regional Health Comm 111 Green Brook Rd Green Brook NJ</i>			<i>Robert Kelly</i>		
TELEPHONE NUMBER			TITLE		
<i>(732) 968-5151</i>			<i>SCR EHS</i>		
NAME OF HEALTH OFFICER			INSPECTOR'S SIGNATURE		DATE
<i>R.G. Simon</i>			<i>Robert Kelly</i>		
			INSPECTOR'S PERM. REG. NO.		
			<i>B-1649</i>		

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

NAME (Individual, Facility, Establishment, etc.) Bhawani Cash + Carry	DATE 9/22/01
MUNICIPALITY Greenville	TEL., CODE or ID NO.

ITEM NO.	REMARKS
6.2	Shelves in produce Box and onion storage area needs to be cleared.
6.2	
7.1	Floor in Storage + Retrieval Area is dirty.
	Refrigerator temperatures are satisfactory.
	Bathrooms -
6.8	Female toilets - In need of frequent cleaning.
C. U.S	A moth seen flying in the rice sale area. - they have a license PCV that puts w-1 Home + traps for moths.
7.2	Containers of disinfectant + soaps are store beside jarred foods.

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>[Signature]</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>[Signature: Bela T. Hill]</i>
----------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------