



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>Victor Valverde</i>			ESTABLISHMENT TRADING NAME <i>Bread Cafe Bakery</i>		
NUMBER AND STREET <i>16 Passapatanz Rd.</i>			NUMBER AND STREET <i>285 Route 22 E.</i>		
COUNTY <i>Whippany</i>			MUNICIPALITY <i>Green Brook</i>		ZIP CODE <i>08812</i>
MUNICIPALITY <i>Whippany</i>		STATE <i>NJ</i>	COUNTY <i>Somerset</i>		TELEPHONE NO.
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE
INSPECTION					
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER <i>(Specify):</i> 3 <input checked="" type="checkbox"/> <i>RSL 3</i> 4 <input type="checkbox"/>		ESTABLISHMENT CODE GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED		1 <input type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
		TIME - (2400 HOURS)			
		DATE		BEGIN	END
		<i>2/4/21</i>		<i>1400 Hrs</i>	<i>1430 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> <i>Middle-Brook Reg. Health Comm</i> <i>111 Green Brook Rd</i> <i>Green Brook NJ</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151</i>			TITLE <i>Sr. Reg. Environmental Health Specialist</i>		
NAME OF HEALTH OFFICER <i>K. G. Summer</i>			INSPECTOR'S SIGNATURE <i>Robyn Key</i>		INSPECTOR'S PERM. REG. NO. <i>3-1649</i>
			DATE		

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

NAME (Individual, Facility, Establishment, etc.)

DATE

MUNICIPALITY

TEL., CODE or ID NO.

ITEM NO.

REMARKS

5.0 One small prep sink in the front counter area needs an indirect waste drain.

6.9 Hand washing sign needed at the hand washing sink outside.

Everything else appears to be satisfactory

Satisfactory

Victor Valverde

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED