



## 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 - Cynthia and</i>			ESTABLISHMENT TRADING NAME <i>CVS Pharmacy</i>	
NUMBER AND STREET <i>Lauren</i>			NUMBER AND STREET <i>137 Rt 22 East</i>	
COUNTY			MUNICIPALITY <i>Green Brook</i>	ZIP CODE <i>08812</i>
MUNICIPALITY	STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>732-424-9242</i>	
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 type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE	1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
	GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>11/12/21</i>	<i>10:45 am</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>Shahira Morell</i>	
			TITLE <i>REHS</i>	
TELEPHONE NUMBER <i>732-968-5151</i>			INSPECTOR'S SIGNATURE <i>Shahira Morell</i>	
NAME OF HEALTH OFFICER <i>Kevin Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B-164238</i>	DATE <i>11/12/21</i>

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

NAME (Individual, Facility, Establishment, etc.) <span style="font-size: 2em; margin-left: 200px;">CVS</span>	DATE <span style="font-size: 1.5em; margin-left: 50px;">11/12/21</span>
MUNICIPALITY <span style="font-size: 1.5em; margin-left: 50px;">Green Brook</span>	TEL., CODE of ID NO.

ITEM NO.	REMARKS → ISSUED SATISFACTORY ←
	PIC - Cinthia manager * No Food Prep in Establishment and Lauren ONLY Pre packaged goods
	Observed water damaged ceiling tiles - due to last rain storm Tiles are in back order
	Refrigeration Temps are good
-	Observed walk-in Refrigeration with black mold like substance on RACKS where Dairy and other drinks are displayed * Needs cleaning
-	Observed some debris on Ceiling and interior door of walk in refrigerator * Needs cleaning
-	Freezer also had some debris on bottom of interior
-	Upstairs Storage area satisfactory

Note: Check expiration Dates of Baby Formula

8:24-4.6 b, c Food Contact and Non-Food contact surfaces of equipment shall be kept free of accumulation of dust, food residue, and other debris

8:24-6.5 a The physical facilities shall be kept/maintained in Good Repair

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