



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		
NUMBER AND STREET			NUMBER AND STREET		
COUNTY		MUNICIPALITY		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		GOODS	2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
2 <input type="checkbox"/> OTHER <i>(Specify):</i>			TIME - (2400 HOURS)		
3 <input type="checkbox"/>			DATE	BEGIN	END
4 <input type="checkbox"/>			1 <input type="checkbox"/> DESTROYED	2 <input type="checkbox"/> EMBARGOED	
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		
Middle Brook Reg Health Comm 111 Green Brook Rd Green Brook NJ			Robyn Ky		
TELEPHONE NUMBER			TITLE		
(732) 968-5151 x2			Sr. Reg. Env. Health Off.		
NAME OF HEALTH OFFICER			INSPECTOR'S SIGNATURE		DATE
K.G. Sumner			Robyn Ky		3-16-99

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

NAME (Individual, Facility, Establishment, etc.) <i>Capital Craft</i>	DATE <i>6/7/21</i>
MUNICIPALITY <i>Green Brook</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
C.O.S	Refrigerated Boxes. 3 out of 4 Refrigerated Boxes are $\geq 41^{\circ}\text{F}$. The other Box is in the process of being repaired.
C.O.S	The steam table will be replaced in the mean time ^(sauce) food will be kept warm on the RANGES in the kitchen.
	* A Check will be created by the manager's to check the temperatures on a regular basis.
	<i>Satisfactory</i>

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>[Signature]</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>Michael J. Barth</i>
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