



# SANITARY INSPECTION REPORT

Remains Conditional

| IDENTIFICATION   |              |   |                                      |
|--|--------------|---|--------------------------------------|
| OWNER INFORMATION<br><i>(Complete this section only if different from establishment information)</i> |              | ESTABLISHMENT INFORMATION                                     |                                      |
| NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT<br><i>PIC - Darius</i>                             |              | ESTABLISHMENT TRADING NAME<br><i>Darius Grill Grill Grill</i> |                                      |
| NUMBER AND STREET  |              | NUMBER AND STREET<br><i>267 US Hwy 22 East</i>                |                                      |
| COUNTY   |              | MUNICIPALITY<br><i>Green Brook</i>                            | ZIP CODE<br><i>08812</i>             |
| MUNICIPALITY   | STATE        | COUNTY<br><i>Somerset</i>                                     | TELEPHONE NO.<br><i>732-867-8773</i> |
| ZIP CODE   | CO/MUN. CODE | ESTABLISHMENT STATE<br>LICENSE NO. (If Appl.)                 | CO/MUN CODE                          |

| INSPECTION   |   |   |                        |
|--|---|---|------------------------|
| TYPE OF ESTABLISHMENT<br>1 <input checked="" type="checkbox"/> RETAIL<br>2 <input type="checkbox"/> OTHER (Specify):<br><br>3 <input type="checkbox"/><br>4 <input type="checkbox"/> | ESTABLISHMENT CODE<br><br>GOODS<br>1 <input type="checkbox"/> DESTROYED<br>2 <input type="checkbox"/> EMBARGOED | 1 <input type="checkbox"/> INITIAL INSPECTION<br>2 <input checked="" type="checkbox"/> REINSPECTION (other than initial inspection) |                        |
|  |   | TIME - (2400 HOURS)   |                        |
|  |   | DATE<br><i>7/25/22</i>  | BEGIN<br><i>1:15pm</i> |

| EVALUATION                            |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> SATISFACTORY | <input checked="" type="checkbox"/> CONDITIONALLY SATISFACTORY | <input type="checkbox"/> UNSATISFACTORY |

| OFFICIAL(S)  |  |
|--|--|
| LOCAL BOARD OF HEALTH  | INSPECTING OFFICIAL                            |
| NAME, ADDRESS AND (print)<br><i>Middle-Brook Regional Health Commission<br/>111 Greenbrook Rd, Green Brook, NJ</i> | NAME OF INSPECTOR<br><i>Shahira Morell</i>     |
| TELEPHONE NUMBER<br><i>732-968-5151</i>  | TITLE<br><i>REHS</i>                           |
| NAME OF HEALTH OFFICER<br><i>Kevin Sumner</i>  | INSPECTOR'S SIGNATURE<br><i>Shahira Morell</i> |
|  | INSPECTOR'S PERM. REG. NO.<br><i>B-164238</i>  |
|  | DATE<br><i>7/25/22</i>                         |

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

|  |                 |                      |         |
|--|-----------------|----------------------|---------|
| NAME (Individual, Facility, Establishment, etc.) | Darius Grill    | DATE                 | 7/25/22 |
| MUNICIPALITY                                     | Green Brook, NJ | TEL., CODE or ID NO. |         |

| ITEM NO. | REMARKS  |
|----------|--|
|          | —————→ Remains Conditional ←————   |
| Repeat   | Grease Observed on Floor by Frier + stove<br>* Clean more Frequently   |
| Repeat   | Baine Marie out of Temp 61 - 65°F<br>* Service ASAP and DO NOT use until cleaned and up to temp.   |
| Repeat   | Observed Refrigeration units to temp but have Food debris / food stuff inside<br>* Keep inside and outside of units clean  |
|          | Ensure other violations are corrected ... etc.<br>- Test Strips needed + Ceiling tile in bathroom replaced<br>- Maintain Hand sink + Bathroom stocked w/ paper towels<br>- Post Required signs on wall for Public view <ul style="list-style-type: none"><li>• placard - inspection</li><li>• Choking prevention poster</li><li>• ServSafe Certificate</li><li>• Employee Hand Wash Signs at Hand sink</li></ul> |
|          | Corrected - No Longer using Boar's Head Fridge<br>- Fixed leaking pipe<br>- Removed unnecessary items from premises  |

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