



SANITARY INSPECTION REPORT

Return

IDENTIFICATION			
OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PIC - Darius		ESTABLISHMENT TRADING NAME Darius Grill Grill Grill	
NUMBER AND STREET *PIC - Penny		NUMBER AND STREET 267 US Hwy 22 E	
COUNTY		MUNICIPALITY Green Brook	ZIP CODE 08812
MUNICIPALITY	STATE	COUNTY Somerset	TELEPHONE NO. 732-867-8713
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl.)	CO/MUN CODE

INSPECTION			
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify): 3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE	1 <input type="checkbox"/> INITIAL INSPECTION 2 <input checked="" type="checkbox"/> REINSPECTION (other than initial inspection)	
	GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)	
		DATE 9/12/22	BEGIN 11:50 AM
			END 12:45 PM

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

Remains

OFFICIAL(S)	
LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND (print)	NAME OF INSPECTOR Shahira Morell
	TITLE REHS
TELEPHONE NUMBER 732-968-5151	INSPECTOR'S SIGNATURE <i>Shahira Morell</i>
NAME OF HEALTH OFFICER Kevin Sumner	INSPECTOR'S PERM. REG. NO. B-164238
	DATE 9/12/22

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

Remains. ←
Conditional

NAME (Individual, Facility, Establishment, etc.) <i>Darius Grill Grill Grill</i>	DATE <i>9/12/22</i>
MUNICIPALITY <i>Green Brook</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
NOTE	* License Fee Increases w/each Re-inspection * After the first Conditional
<i>Repaired</i>	Baine Marie Temp Ranged * 45-50°F on left and 40°F on Right
<i>Corrected</i>	* Lunch Time - ENSURE Top Remains closed when NOT in use to maintain Cooler Temp / Refrigeration @ ≤ 41°F - INSIDE OF Refrigeration units are cleaned
	During inspection observed Repeat violations
	<ul style="list-style-type: none"> • Bathroom AND Employee Hand Sink - without paper towels • Required posters / signs / placards still not displayed - Inspection placard, Business license, Serve Safe + Choking Hazard Sign • Kitchen Floor of Stove and Feyer areas w/ lots of grease • Inside bottom units of Baine Marie / Deli Fridge observed w/ Food stuff, debris, etc - slight smell by sink / Grease trap
	* ServSAFE Manager Course - shall be taken by person cooking and on premises - Review material w/ others in kitchen STAFF
	* send updated ServSAFE to Health Dept. <i>smorell@middlebrookhealth.org</i>

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Chad Morell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>DIC Penny</i>
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