



## SANITARY INSPECTION REPORT

IDENTIFICATION					
OWNER INFORMATION <small>(Complete this section only if different from establishment information)</small>			ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <i>B. J. Herde Dorrios</i>			ESTABLISHMENT TRADING NAME <i>DAVIDS GRILL</i>		
NUMBER AND STREET <i>222 Lawrence</i>			NUMBER AND STREET <i>269 Route 22</i>		
COUNTY <i>Walden Somerset</i>		MUNICIPALITY <i>Green Brook</i>		ZIP CODE <i>08812</i>	
MUNICIPALITY <i>No. Plainfield</i>	STATE <i>NJ</i>	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>732-867-8773</i>		
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl.)	CO/MUN CODE		
<i>973-908-3349</i>		<b>INSPECTION</b> <i>908 494-3995 John McDougald</i>			
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION	
1 <input checked="" type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION (other than initial inspection)	
2 <input type="checkbox"/> OTHER (Specify):		GOODS		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		<i>2/26/21</i>	END
Lattice Virelle <del>973-908-3349</del>			<b>EVALUATION</b> <i>973-704-4958</i>		
<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 (print) <i>Middle-Brook Reg Health Comm 111 Green Brook Rd Green Brook NJ</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151 x2</i>			TITLE <i>SI. REHS</i>		
NAME OF HEALTH OFFICER <i>M.G. Summer</i>			INSPECTOR'S SIGNATURE <i>[Signature]</i>		
			INSPECTOR'S PERM. REG. NO. <i>B11049</i>		DATE

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

NAME (Individual, Facility, Establishment, etc.) <u>Darius.</u>	DATE <u>2/25/21</u>
MUNICIPALITY <u>Great Brook.</u>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
OK.	John Mc Dougald is Certified for Service SF.
OK.	Refrigeration Units - His Refrigeration temperatures were satisfactory. These meters are in easy - Box -
6.2	The Exhaust Filters in the kitchen above ranges 2 are missing. (Fire inspector will be coming back to re-inspect.)
<u>Employee Bathroom</u>	
6.2	Bathroom hand wash sign must be posted.
6.9	Hand towel dispenser Needs A New battery
<i>Satisfactory</i>	

SIGNATURE OF INDIVIDUAL COMPLETING FORM <u>[Signature]</u>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <u>Butterfield Darius</u>
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