



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>PLC - Valerie</i>			ESTABLISHMENT TRADING NAME <i>Dollar Tree</i>		
NUMBER AND STREET			NUMBER AND STREET <i>215 Rt 22 E</i>		
COUNTY			MUNICIPALITY <i>Green Brook</i>		ZIP CODE <i>08812</i>
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>732-394-4281</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 <i>11/14/22</i>	BEGIN <i>2pm</i>
					END
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>11/14/22</i>	

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

NAME (Individual, Facility, Establishment, etc.)	Dollar Tree	DATE	11/14/22
MUNICIPALITY	Green Brook	TEL., CODE or ID NO.	

ITEM NO.	REMARKS
	PIC - Valerie
	No foods prepped on site - ONLY pre-packaged
	Freezers and Refrigeration Temps are good
	Walk-in Freezer - ensure Food stored 6" above Floor
	Observed some boxes stored on Floor
	Observed Baker's Choice 100% whole wheat Bread with 11/6/22 Fresh thru date
	And English Muffins with 11/13/22 date
	Ensure Breads are inspected for "expiration dates"
Aisle 3	Soda Fridge Door is not closing correctly - Replace / Repair

~~ISSUED~~
~~SATISFACTORY~~

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