



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 PIC - Mike			ESTABLISHMENT TRADING NAME Dollar Tree		
NUMBER AND STREET			NUMBER AND STREET 215 Rt 22 East		
COUNTY			MUNICIPALITY Green Brook		ZIP CODE 08812
MUNICIPALITY		STATE	COUNTY Somerset		TELEPHONE NO. 732-394-4281
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 11/15/21	BEGIN 2:45 pm
					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 Shahira Morell		
			TITLE REHS		
TELEPHONE NUMBER 732-968-5151			INSPECTOR'S SIGNATURE Shahira Morell		
NAME OF HEALTH OFFICER Kevin Sumner			INSPECTOR'S PERM. REG. NO. B-164238		DATE 11/15/21

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

NAME (Individual, Facility, Establishment, etc.) Dollar Tree	DATE 11/15/21
MUNICIPALITY Green Brook	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	→ <u>ISSUED SATISFACTORY</u>
	<p style="font-size: 1.2em; font-family: cursive;">PIC - Mike</p> <p style="font-size: 1.2em; font-family: cursive;">Bathroom - Satisfactory - one Bathroom Out of Order -</p> <p style="font-size: 1.2em; font-family: cursive;">Exterminator - monthly Terminex</p> <p style="font-size: 1.2em; font-family: cursive;">- Observed Some expired cereal boxes</p> <p style="font-size: 1.2em; font-family: cursive;">- Marshmallow Maties exp. Oct 14, 2021</p> <p style="font-size: 1.2em; font-family: cursive;">- Tootie Fruties exp. June 17, 2021</p> <p style="font-size: 1.2em; font-family: cursive;">* Check expiration dates of "not so" popular items periodically</p> <p style="font-size: 1.2em; font-family: cursive;">- Observed boxes of Foods, chips, cookies, cakes etc stored on Floor / Stacked by aisles</p> <p style="font-size: 1.2em; font-family: cursive;">- Observed Freezer - walk-in w/ boxes stored on Floor</p> <p style="font-size: 1.2em; font-family: cursive;">* Food Storage *</p> <p style="font-size: 1.2em; font-family: cursive;">Foods shall be stored 6" off the Floor, to prevent Contamination, and avoid dust, splash, etc.</p> <p style="font-size: 1.2em; font-family: cursive;">- Pre-packaged items sold</p> <p style="font-size: 1.2em; font-family: cursive;">- Refrigeration and Freezer temps good</p>

SIGNATURE OF INDIVIDUAL COMPLETING FORM [Signature]	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED [Signature]
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