



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>CARRIE WEIGEL</i>			ESTABLISHMENT TRADING NAME <i>Dock Donuts</i>		
NUMBER AND STREET <i>215 US Hwy 22 East</i>			NUMBER AND STREET		
COUNTY			MUNICIPALITY <i>Green Brook</i>		ZIP CODE
MUNICIPALITY		STATE	COUNTY		TELEPHONE NO. <i>(732) 529-5269</i>
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE
908 938-0400					
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION	
1 <input checked="" type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
2 <input type="checkbox"/> OTHER <i>(Specify):</i>					
3 <input type="checkbox"/>		GOODS		TIME - (2400 HOURS)	
4 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
		2 <input type="checkbox"/> EMBARGOED		<i>8/22/22</i>	<i>10:25</i>
					<i>10:45</i>
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> <i>Middle-Brook Regional Health Comm 116 Green Brook Rd Green Brook NJ</i>			NAME OF INSPECTOR <i>Ruby Key</i>		
			TITLE <i>Sr. RPHS</i>		
TELEPHONE NUMBER <i>(732) 968-5151 x 2</i>			INSPECTOR'S SIGNATURE <i>Ruby Key</i>		
NAME OF HEALTH OFFICER <i>K. G. Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B-1649</i>		DATE

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

NAME (Individual, Facility, Establishment, etc.) <i>Donk Donuts</i>	DATE <i>8/22/22</i>
MUNICIPALITY <i>Green Brook</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>Good True Refrigerator - 35°F.</i>
	<i>Good True Freezer - 9°F.</i>
	<i>Good Hot + Cold Running water at Kitchen. H/W Sink Along with Soap, Hand towels + handwashes sign.</i>
<i>3.4</i>	<i>Little Dairy Box 42°F.</i>
	<i>Front Counter -</i>
	<i>Hand Wash Sink Satisfactory</i>
	<i>- Area where food prep is is neat + orderly.</i>
	<i>Male / Female Bathroom - Satisfactory</i>
	<i>Employers Bathroom Satisfactory</i>
	<i>Satisfactory</i>

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Roby</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>Kari Koenig</i>
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