



# SANITARY INSPECTION REPORT

| IDENTIFICATION   |             |   |  |   |                   |
|--|-------------|---|--|---|-------------------|
| OWNER INFORMATION<br><i>(Complete this section only if different from establishment information)</i> |             |   | ESTABLISHMENT INFORMATION                      |   |                   |
| NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT<br>PIC - Kirti                                     |             |   | ESTABLISHMENT TRADING NAME<br>Exxon Tiger Mart |   |                   |
| NUMBER AND STREET<br>929-335-8599 cell   |             |   | NUMBER AND STREET<br>289 US 22 East            |   |                   |
| COUNTY   |             |   | MUNICIPALITY<br>Green Brook                    |   | ZIP CODE<br>08812 |
| MUNICIPALITY   |             | STATE   | COUNTY<br>Somerset                             | TELEPHONE NO.<br>732-752-1162   |                   |
| ZIP CODE   | COMUN. CODE |   | ESTABLISHMENT STATE LICENSE NO. (If Appl.)     | COMUN CODE  |                   |
| INSPECTION   |             |   |  |   |                   |
| TYPE OF ESTABLISHMENT  |             | ESTABLISHMENT CODE                                  |  | 1 <input checked="" 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                |  | 11/21/22  | 2:10 pm           |
|  |             |   |  |   | 3 pm              |
| 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 (print)  |             |   | NAME OF INSPECTOR<br>Shahira Morell            |   |                   |
|  |             |   | TITLE<br>REHS                                  |   |                   |
| TELEPHONE NUMBER<br>732-968-5151   |             |   | INSPECTOR'S SIGNATURE<br>Shahira Morell        |   |                   |
| NAME OF HEALTH OFFICER<br>Kevin Sumner   |             |   | INSPECTOR'S PERM. REG. NO.<br>B-164238         | DATE<br>11/21/22  |                   |

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

|  |                  |                      |          |
|--|------------------|----------------------|----------|
| NAME (Individual, Facility, Establishment, etc.) | Exxon Tiger Mart | DATE                 | 11/21/22 |
| MUNICIPALITY                                     | Green Brook      | TEL., CODE or ID NO. |          |

| ITEM NO. | REMARKS  |
|----------|--|
|          | PIC - Kirti cell 929-335-8599 * New owners since Sept. 2022  |
|          | Current Walk-In Fridge is down - ONLY Housing Drinks temp @ 69°F - Awaiting Landlord to Repair entire unit<br>Time Frame Dec 2022                            |
|          | Small Grab + Go Fridge For Drinks used until main unit gets repaired - ONLY soft drinks and Milk + creamer bottles for Coffee Held in this unit - Temp good. |
|          | → ADD a THERMOMETER TO INSURE Temp is at Refrigeration Temp of ≤ 41°F  |
|          | → Dumpsters shall Remain covered - Call to Replace unit  |
|          | - Pre-packaged Foods sold<br>Coffee - Java Bar   |
|          | Small amount of Fruit sold - bananas + apples  |
|          | → Provide trash receptacle for handwash sink   |
|          | Current Product Stand - Bimbo with expired products<br>* Vendor is coming to Replace product   |
|          | - Bathroom Good + stocked  |
|          | → Pest Control by Previous service<br>Email info of company - with up to date service  |

~~ISSUED~~  
**SATISFACTORY**

|   |  |
|---|--|
| SIGNATURE OF INDIVIDUAL COMPLETING FORM | SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED |
| <i>Clark Morell</i>                     | <i>Kirti</i>   |
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