



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			ESTABLISHMENT TRADING NAME <i>Exxon on the Rocks</i>			
NUMBER AND STREET			NUMBER AND STREET <i>155 Hwy 22 West</i>			
COUNTY			MUNICIPALITY <i>Green Brook</i>		ZIP CODE	
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>732 752 1164</i>		
ZIP CODE	COM/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)	COM/MUN CODE		
INSPECTION <i>Emergency # 973-641-7211</i>						
TYPE OF ESTABLISHMENT 1 <input type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify): 3 <input type="checkbox"/> 4 <input type="checkbox"/>		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION (other than initial inspection)		
		GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED		TIME - (2400 HOURS)		
				DATE	BEGIN	END
				<i>11/3/22</i>		
EVALUATION						
<input type="checkbox"/> SATISFACTORY <input checked="" 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>SC. REHS</i>			
NAME OF HEALTH OFFICER <i>H.G. Sumner</i>			INSPECTOR'S SIGNATURE <i>Robyn Key</i>		INSPECTOR'S PERM. REG. NO. <i>B-1649</i>	
			DATE			

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

NAME (Individual, Facility, Establishment, etc.) <i>Exxon on the Road</i>	DATE <i>11/13/22</i>
MUNICIPALITY <i>Creech Brook</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
6.7	Hand washing sink is present behind the sales counter and is equipped with
OK	The walk in refrigerator is satisfactory at 39°F.
OK	Takes of Dairy products - satisfactory.
6.2	Rear Room where 3 Compartment Sink is located is filled with storage cases of Dry Goods -
6.7	The Hand Sink beside 3 Compartment Sink is obstructed from use - NO Soap. NO hand towels.
6.7	It appears that the 3 Comp. Sink is used as a hand sink.
6.7	NO Hot + Cold Running water in Customer Bathroom Sink
5/16.2	The 3 compartment sink is not used to wash dishes or utensils because the room is filled with boxes.

GEORGE M. YAZG

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