



## SANITARY INSPECTION REPORT

IDENTIFICATION						
<b>OWNER INFORMATION</b> <i>(Complete this section only if different from establishment information)</i>			<b>ESTABLISHMENT INFORMATION</b>			
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PIC - Singh			ESTABLISHMENT TRADING NAME Exxon on the Run			
NUMBER AND STREET			NUMBER AND STREET 289 Rt 22 East			
COUNTY			MUNICIPALITY Green Brook		ZIP CODE 08812	
MUNICIPALITY		STATE	COUNTY Somerset		TELEPHONE NO.	
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if Appl.)		CO/MUN CODE	
INSPECTION						
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify):  3 <input type="checkbox"/> 4 <input type="checkbox"/>		ESTABLISHMENT CODE		1 <input checked="" 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
				11/5/21	10:45 am	
EVALUATION						
<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY						
OFFICIAL(S)						
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>			
NAME, ADDRESS AND (print)			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 11/5/21	

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

NAME (Individual, Facility, Establishment, etc.) <span style="font-size: 1.2em;">Exxon on the Run</span>	DATE <span style="font-size: 1.2em;">11/5/21</span>
MUNICIPALITY <span style="font-size: 1.2em;">Green Brook</span>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	PIC - Singh → Issued CONDITIONAL ←
	No Hot Foods only Coffee, sodas, drinks, and other pre-packaged items sold
	PIC - Stated he threw out many expired foods However, there are still some items that are expired that need to go. * Nut from 2018 and 2019 expiration * CONTINUE TO REMOVE EXPIRED ITEMS *
[	Observed customer bathroom not maintained - Toilet, trash full, <del>sink</del> sink dirty - Lighting in both bathrooms is low - insufficient Clean Restrooms and Replace Lighting
[	Observed some ceiling light covers/tile water damaged Replace/Repair
[	Observed hand sink faucet fixture loose Repair
[	Back Rm w/3 Compartment Sink used as storage area sinks currently not being used maintain in order →
[	Observed ice freezer door and walk-in fridge door w/black mold like substance Clean Surface

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