



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 DIC - Singh			ESTABLISHMENT TRADING NAME Exxon on the Run			
NUMBER AND STREET 289 Rt 22 East			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 GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED		1 <input type="checkbox"/> INITIAL INSPECTION 2 <input checked="" type="checkbox"/> REINSPECTION (other than initial inspection)		
				TIME - (2400 HOURS)		
				DATE	BEGIN	END
				11/19/21	11:30am	
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 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 11/19/21	

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

NAME (Individual, Facility, Establishment, etc.) Exxon on the Run	DATE 11/19/21
MUNICIPALITY Green Brook	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<u>Remediation / Follow Up</u> - Remove Expired Foods → Will be replaced ✓ Customer Bathroom Maintenance ✓ and lighting - Ceiling Tiles - → Will be fixed soon - Light Covers - ✓ - Hand Sink ✓ - Back Rm Storage - Freezer ^{ice} and Walk In Surfaces
	PIC - Singh He will be leaving soon - New Management / Property Owner take over
Issued Satisfactory	

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