



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 Giuseppe's Pizza		
NUMBER AND STREET			NUMBER AND STREET 937N. Washington / Greenbrook		
COUNTY			MUNICIPALITY Green Brook		ZIP CODE
MUNICIPALITY		STATE	COUNTY Somerset		TELEPHONE NO.
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)		CO/MUN CODE
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION	
1 <input 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		12/8/22	
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) Middle-Brook Regional Health Commission 111 Greenbrook Road Green Brook, NJ 08812-2501 www.middlebrookhealth.org			NAME OF INSPECTOR Robyn Key		
TELEPHONE NUMBER (732) 968-5151 x2			TITLE SI / REHS		
NAME OF HEALTH OFFICER H.G. Sumner			INSPECTOR'S SIGNATURE Robyn Key		INSPECTOR'S PERM. REG. NO. 531649
			DATE 12/8/22		

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

NAME (Individual, Facility, Establishment, etc.) <i>Swisepics</i>	DATE <i>12/8/22</i>
MUNICIPALITY <i>Green Brook</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
<u>Good</u>	Front Counter Area - Refrigerator 41°F - Freezer is satisfactory.
	Rear Kitchen
<u>Good</u>	Reach in Freezer is -6°F
<u>Good</u>	T.R. also Refrigerator 36°F
<u>4.6</u>	Meat slicer - must be taken apart, and cleaned and sanitized daily.
<u>6.7</u>	Hand washing Sink - No Hot Running Water
	Storage Room - satisfactory.
<i>Satisfactory</i>	

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Coby</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>Gloria De Burgh</i>
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