



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 <i>Yomara Diaz</i>			ESTABLISHMENT TRADING NAME <i>Go Home Sweet Bakery</i>		
NUMBER AND STREET <i>Warrenville Rd.</i>			NUMBER AND STREET <i>34 OS 22 West</i>		
COUNTY <i>Somerset</i>			MUNICIPALITY <i>Green Brook</i>		ZIP CODE
MUNICIPALITY <i>Green Brook</i>		STATE <i>NJ</i>	COUNTY <i>Somerset</i>		TELEPHONE NO. <i>732 424-6744</i>
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 type="checkbox"/> REINSPECTION (other than initial inspection)	
				TIME - (2400 HOURS)	
				DATE	BEGIN
				<i>4/25/22</i>	<i>11:00HRS</i>
				<i>11:40HRS</i>	<i>11:40HRS</i>
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) <i>Middle Brook Reg Health Comm 111 Green Brook Rd Green Brook NJ 08812</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151 x 2</i>			TITLE <i>Sr. Reg. Environ Health Sp.</i>		
NAME OF HEALTH OFFICER <i>K. G. Smwer</i>			INSPECTOR'S SIGNATURE <i>R-1649 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>Gordan Sweet Bakery</i>		DATE <i>4/25/22</i>
MUNICIPALITY		TEL., CODE or ID NO.

ITEM NO.	REMARKS
<i>6.5</i>	<i>outside Dumpster - should be closed</i>
<i>3.3</i>	<i>Del Box - 57°F</i>
<i>3.3</i>	<i>Freezer unit - 65°F (just turned on)</i>
	<i>All other Refrigeration units are satisfactory</i>
<i>OK</i>	<i>Bathroom is satisfactory</i>
<i>Satisfactory</i>	

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