



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>Welson M. J.</i>			ESTABLISHMENT TRADING NAME <i>Green Lake Restaurant</i>		
NUMBER AND STREET <i>05 Hwy 22</i>			NUMBER AND STREET <i>Green Brook</i>		
COUNTY			MUNICIPALITY <i>Somerset</i>		ZIP CODE
MUNICIPALITY		STATE	COUNTY		TELEPHONE NO. <i>732 497 0283</i>
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE
<i>Emergency # 917 991 0018</i>					
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION	
1 <input checked="" type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
2 <input type="checkbox"/> OTHER <i>(Specify):</i>					
3 <input type="checkbox"/>		GOODS		TIME - (2400 HOURS)	
4 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
		2 <input type="checkbox"/> EMBARGOED		<i>12/1/21</i>	<i>1400HRS</i>
					<i>1445HRS</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 <i>(print)</i> <i>Middle Brook Regional Health Comm. 111 Greenbrook Rd. Green Brook NJ</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
TELEPHONE NUMBER <i>(732) 968-9751 x2</i>			TITLE <i>Sr. BEHS</i>		
NAME OF HEALTH OFFICER <i>K.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.) <u>Green Lake</u>	DATE <u>12/1/21</u>
MUNICIPALITY <u>Green Brook NJ</u>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	- Pre-opening inspection AFTER a K. Throative.
SAT.	- All Refrigeration units are at satisfactory temperatures with the exception on one small refrigerator in front of grill that was just turned on which was at 50°F.
NOTE.	All Freezers are satisfactory.
6.2	The utility room needs floor/wall juncture moidy and the spaces between floor and wall need to be sealed up.
6.2	Bathroom wall the linoleum siding on wall needs to be lightly sealed to prevent access to insects.
6.5	Any un-necessary items should be removed from food establishment - (Refrigerated doors)
6.5	Area around dumpster enclosure must be free of debris + cardboard boxes.
NOTE.	Bathrooms are satisfactory.
6.5	Extra plates and items in food storage area should be removed and storage room cleaned.

SIGNATURE OF INDIVIDUAL COMPLETING FORM <u>George</u>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <u>NELSON 1401</u> <u>[Signature]</u>
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