



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>PIC - Leslie</i>			ESTABLISHMENT TRADING NAME <i>Harmon's Cosmetic Store</i>		
NUMBER AND STREET			NUMBER AND STREET <i>303 Rt 22 East</i>		
COUNTY			MUNICIPALITY <i>Green Brook</i>	ZIP CODE <i>08812</i>	
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>732-424-0731</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		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 <i>10/5/22</i>	BEGIN <i>2:50pm</i>
					END <i>3:15pm</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)			NAME OF INSPECTOR <i>Shahira Morell</i>		
			TITLE <i>REHS</i>		
TELEPHONE NUMBER <i>732-968-5151</i>			INSPECTOR'S SIGNATURE <i>Shahira Morell</i>		
NAME OF HEALTH OFFICER <i>Kevin Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B-164238</i>	DATE <i>10/5/22</i>	

