



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 - Frank</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. <i>(If Appl.)</i>	CO/MUN CODE	
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input checked="" 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>		GOODS		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		<i>11/15/21</i>	<i>1:30pm</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>			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-1164238</i>	DATE <i>11/15/21</i>	

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

NAME (Individual, Facility, Establishment, etc.)	Harmon's Cosmetic Store	DATE	11/15/21
MUNICIPALITY	Green Brook	TEL., CODE or ID NO.	

ITEM NO.	REMARKS
	PIC - Frank
	Exterminator - As Needed
	Trash closed - locked
	Pre packaged Foods sold - No Food Prep
	* Observed some food bars that have expired already loosely sold - Aisle 3
	ONE Bar - Maple Glazed Donut exp 11/13/21
	ONE Bar - Almond Bliss exp 6/16/21
	Truth Bar - Chocolate Peanut Butter exp 7/10/21
	* For items that "are not so popular" review/check For expiration dates more periodically
	- Storage Area is SATISFACTORY
	→ Issued SATISFACTORY ←

SIGNATURE OF INDIVIDUAL COMPLETING FORM	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED
<i>Shahna Morell</i>	<i>Frank [unclear]</i>

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