



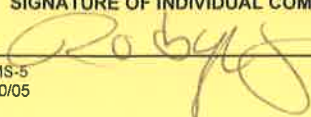
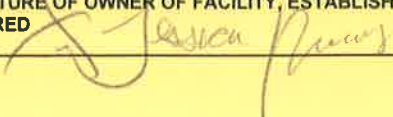
SANITARY INSPECTION REPORT

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>Green Brook Township BOE</i>			ESTABLISHMENT TRADING NAME <i>IEF School</i>		
NUMBER AND STREET			NUMBER AND STREET		
COUNTY			MUNICIPALITY <i>Green Brook Twp</i>	ZIP CODE	
MUNICIPALITY	STATE		COUNTY <i>Somerset</i>	TELEPHONE NO.	
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>	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 <i>(other than initial inspection)</i>	
2 <input checked="" type="checkbox"/> OTHER <i>(Specify):</i> <i>Institution</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>2/7/22</i>	<i>10:35</i>
					<i>11:00 hrs</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 Reg. Health Comm</i> <i>111 Green Brook Rd</i> <i>Green Brook - NJ</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151 x2</i>			TITLE <i>Sr. REHS</i>		
NAME OF HEALTH OFFICER <i>K. G. Sumner</i>			INSPECTOR'S SIGNATURE		DATE
			<i>B-1649</i>		

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

NAME (Individual, Facility, Establishment, etc.) IEF School	DATE 2/7/22
MUNICIPALITY Green Brook	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	Refr. operation + Freezer temperatures - satisfactory Food protected from cross contamination Storage Room Satisfactory.
	Cabinet + Food contact surfaces are sanitized properly.
	Hands are gloved + protected from contamination ^{Food}
	Satisfactory

SIGNATURE OF INDIVIDUAL COMPLETING FORM 	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED Jessica Ramos 
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