



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 HC - Sandy			ESTABLISHMENT TRADING NAME Jenny Craig Weight Loss Center		
NUMBER AND STREET			NUMBER AND STREET 326 Rt 22 W		
COUNTY			MUNICIPALITY Green Brook	ZIP CODE 08812	
MUNICIPALITY		STATE	COUNTY Somerset	TELEPHONE NO. 732-752-5580	
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl.)		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 (other than initial inspection)	
2 <input type="checkbox"/> OTHER (Specify):					
3 <input type="checkbox"/>		GOODS		TIME - (2400 HOURS)	
4 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
		2 <input type="checkbox"/> EMBARGOED		5/23/22	10:15am
					11:10am
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 Shahira Morell		
			TITLE REHS		
TELEPHONE NUMBER 732-968-5151			INSPECTOR'S SIGNATURE <i>Shahira Morell</i>		
NAME OF HEALTH OFFICER Kevin Sumner			INSPECTOR'S PERM. REG. NO. B-164238	DATE 5/23/22	

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

NAME (Individual, Facility, Establishment, etc.) <i>Jenny Craig</i>		DATE <i>5/23/22</i>
MUNICIPALITY <i>Green Brook</i>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>PIC - Sandy</i>
	<i>- No Foods Prepared on site</i>
	<i>- Pre packaged Foods only</i>
	<i>- Freezers are to temp</i>
	<i>- Foods stored satisfactory</i>
	<i>- Pest Control Service: Terminix</i>
	<i>Last serviced April 7, 2022</i>
	<i>- Bathrooms Satisfactory</i>
<i>ISSUED</i> <i>SATISFACTORY</i>	

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