



# 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 - Patel</i>		ESTABLISHMENT TRADING NAME <i>Karun Fresh Deli + Groceries</i>	
NUMBER AND STREET		NUMBER AND STREET <i>328 Green Brook Rd</i>	
COUNTY		MUNICIPALITY <i>Green Brook</i>	ZIP CODE <i>08812</i>
MUNICIPALITY	STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>732-377-9484</i>
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>	CO/MUN CODE

INSPECTION			
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER <i>(Specify):</i>  3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE	1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
		TIME - (2400 HOURS)	
	GOODS  1 <input type="checkbox"/> DESTROYED  2 <input type="checkbox"/> EMBARGOED	DATE	BEGIN
		<i>10/25/21</i>	<i>3:05pm</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-164238</i>	DATE <i>10/25/21</i>

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

NAME (Individual, Facility, Establishment, etc.) <i>Karun Fresh Deli &amp; Groceries</i>	DATE <i>10/25/21</i>
MUNICIPALITY	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>PIC - Patel</i>
	<i>Exterminator - used as needed</i>
	<i>Sell pre-packaged goods</i>
	<i>[ cold sandwiches and breakfast sandwiches</i>
	<i>[ minimal quantities at the moment</i>
<i>Note:</i>	<i>Future transition / additional goods</i>
	<i>- Chicken: Genuine Broaster Chicken</i>
	<i>* Will submit plans when ready</i>
<i>*</i>	<i>Need to use Chlorine Test Strips for ensuring correct solution concentration</i>
<i>*</i>	<i>Observed water damaged / <sup>missing</sup> ceiling tiles in bathroom</i>
	<i>Replace observed</i>
<i>*</i>	<i>Hand Sink obstructed -</i>
	<i>Ensure it remains empty and it is only for hand wash</i>
<i>*</i>	<i>Observed door open to establishment</i>
	<i>Remain closed / add a screen door to prevent entry of insects / other pests</i>

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