



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 PIC - Michael G.			ESTABLISHMENT TRADING NAME Medi-Weight loss		
NUMBER AND STREET			NUMBER AND STREET 326 Rt 22 W		
COUNTY			MUNICIPALITY Green Brook		ZIP CODE 08812
MUNICIPALITY		STATE	COUNTY Somerset		TELEPHONE NO.
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):		GOODS		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		6/8/22	2:50pm
					3:10pm
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-1164238		DATE 6/8/22

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

NAME (Individual, Facility, Establishment, etc.) Medi-Weight Loss	DATE 6/8/22
MUNICIPALITY Green Brook	TEL., CODE or ID NO.

ITEM NO.	PIC - Michael G.	REMARKS
		<ul style="list-style-type: none">- All pre-packaged foods & up to date<li style="padding-left: 20px;">No Refrigeration needed- No Violations - Restroom Satisfactory
		Issued Satisfactory

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