



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 - Joey Assante			ESTABLISHMENT TRADING NAME Mr. Assante Pizza		
NUMBER AND STREET 908 - 720 - 4535 cell			NUMBER AND STREET 201 US 22 E		
COUNTY			MUNICIPALITY Green Brook	ZIP CODE 08812	
MUNICIPALITY		STATE	COUNTY Somerset	TELEPHONE NO. 732-968-3515	
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)	CO/MUN CODE	
INSPECTION					
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify): 3 <input type="checkbox"/> 4 <input type="checkbox"/>		ESTABLISHMENT CODE	1 <input type="checkbox"/> INITIAL INSPECTION 2 <input checked="" type="checkbox"/> REINSPECTION (other than initial inspection)		
		GOODS	TIME - (2400 HOURS)		
		1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	DATE 9/17/21	BEGIN 1:15pm	END 1:50pm
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 Shahira Morell		
NAME OF HEALTH OFFICER Kevin Sumner			INSPECTOR'S PERM. REG. NO. B-164238	DATE 9/17/21	

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

NAME (Individual, Facility, Establishment, etc.) <i>Mr. Assante Pizza</i>		DATE <i>9/17/21</i>
MUNICIPALITY <i>Green Brook</i>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>Remediations Completed</i>
	<i>* Keep an eye on the temp of the Fridge by Coffee Machine</i>
	<i>- Good job organizing the Walk-in Fridge and putting things in order!</i>
	<i>Issued Satisfactory</i>

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Shakura Howell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>[Signature]</i>
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MS-5 10/05 PAGE OF PAGES H5309