



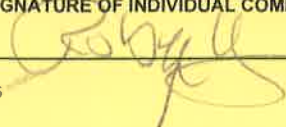
SANITARY INSPECTION REPORT

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>William Portillo</i>			ESTABLISHMENT TRADING NAME <i>Pizza 22</i>		
NUMBER AND STREET			NUMBER AND STREET <i>US Hwy 22</i>		
COUNTY			MUNICIPALITY <i>Green Brook</i>		ZIP CODE
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>732 968-6363</i>	
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)	CO/MUN CODE	
EMERGENCY # 248-382-1758					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		INSPECTION <i>382-1758</i>	
1 <input checked="" type="checkbox"/> RETAIL				1 <input type="checkbox"/> INITIAL INSPECTION	
2 <input type="checkbox"/> OTHER (Specify):				2 <input type="checkbox"/> REINSPECTION (other than initial inspection)	
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>8/30/22</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 (print) <i>Middle-Brook Reg Health Comm 111 Green Brook Rd Green Brook NJ</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151 x 2</i>			TITLE <i>Sr. REHS</i>		
NAME OF HEALTH OFFICER <i>H. G. Summers</i>			INSPECTOR'S SIGNATURE <i>Robyn Key</i>		INSPECTOR'S PERM. REG. NO. <i>B-1649</i>
			DATE		

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

NAME (Individual, Facility, Establishment, etc.) Pizza 22	DATE 8/30/22
MUNICIPALITY Green Brook	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	Good Refrigerator temperatures Satisfactory
33	Raw Chicken legs stored over MARINADE sauce. (Blood can contain. Make the MARINADE sauce)
	OK. Bathroom is Satisfactory
55	Dumpster does not have a cover.
Satisfactory	

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