



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>AC-William</i>			ESTABLISHMENT TRADING NAME <i>Pizza Brothers</i>		
NUMBER AND STREET			NUMBER AND STREET <i>34 Rt 22 West</i>		
COUNTY			MUNICIPALITY <i>Green Brook</i>	ZIP CODE <i>08812</i>	
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>732-968-6363</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 type="checkbox"/> INITIAL INSPECTION 2 <input checked="" type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
		GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
			DATE	BEGIN	END
			<i>11/12/21</i>	<i>11:45am</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>11/12/21</i>	

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

NAME (Individual, Facility, Establishment, etc.)	Pizza Brothers	DATE	11/12/21
MUNICIPALITY	Green Brook	TEL., CODE of ID NO.	

ITEM NO.	REMARKS
	All Violations Remediated
	- Self-Closing Door
	- Food storage 6" OFF FI
	- Thermometers
	- Hand Sinks stocked w/ soap + paper towels
	- Kitchen Hand Sink repaired
	H.D. * Contact landlord about Dumpsters: Tom Riccardo 908-672-3248
	* PIC * will inquire about ServSafe
	Issued Satisfactory

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Charm Aprell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>William Padilla</i>
--	--