



## 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 - Gurmale Singh		ESTABLISHMENT TRADING NAME Raceway	
NUMBER AND STREET		NUMBER AND STREET 233 Rt 22 East	
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 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify):  3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE	1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION (other than initial inspection)		
	GOODS  1 <input type="checkbox"/> DESTROYED  2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE 11/14/22	BEGIN 1:30pm	END

### EVALUATION

SATISFACTORY       CONDITIONALLY SATISFACTORY       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-164238	DATE 11/14/22

