



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 - Davinder 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. 732-925-2469
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)		CO/MUN CODE manager Raj
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 11/5/21	BEGIN 12:30pm
					END
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 11/5/21

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

NAME (Individual, Facility, Establishment, etc.)	Raceway	DATE	11/5/21
MUNICIPALITY	Green Brook	TEL., CODE or ID NO.	

ITEM NO.	REMARKS
	* Currently No Food or drinks are being sold * only cigarettes
	* Bathroom - Refill Soap
	Empty Refrigerators - NOT in use - Observed shelves with black mold like substance * Clean surfaces
	Back Room - 3 compartment sink not being used - Grease trap located in floor
	"Kitchen" / Cooking Equipment and stove hoods are clean and not in use
	Basement - No Foods currently stored Ice machine is empty and not in use
	Observed water damaged tile Above counter by Refrigerator Replace - STORE IS Clean - Good Job!
	————— ISSUED SATISFACTORY —————

SIGNATURE OF INDIVIDUAL COMPLETING FORM	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED
<i>Shane Morell</i>	<i>David</i>
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