



## 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			ESTABLISHMENT TRADING NAME <i>Retna Fitness</i>		
NUMBER AND STREET			NUMBER AND STREET <i>119 US Hwy 22</i>		
COUNTY			MUNICIPALITY <i>Green Brook</i>		ZIP CODE
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>		TELEPHONE NO.
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION	
1 <input checked="" type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
2 <input checked="" type="checkbox"/> OTHER <i>(Specify):</i> <i>Fitness Ctr.</i>		GOODS		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		<i>5/25/21</i>	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 <i>(print)</i> <i>Middle Brook Reg Health Comm</i> <i>111 Green Brook Rd</i> <i>Green Brook NJ</i>			NAME OF INSPECTOR <i>R. Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151</i>			TITLE <i>SC REHS</i>		
NAME OF HEALTH OFFICER <i>K. G. Sumner</i>			INSPECTOR'S SIGNATURE <i>R. Key</i>		DATE
			INSPECTOR'S PERM. REG. NO. <i>B-1649</i>		

