



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>PIC - Thomas Dieu</i>			ESTABLISHMENT TRADING NAME <i>Rip's Liguors</i>		
NUMBER AND STREET			NUMBER AND STREET <i>1021 North Washington Ave</i>		
COUNTY			MUNICIPALITY <i>Green Brook</i>		ZIP CODE <i>08812</i>
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>		TELEPHONE NO. <i>732-968-0666</i>
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input checked="" type="checkbox"/> INITIAL INSPECTION	
1 <input checked="" type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
2 <input type="checkbox"/> OTHER <i>(Specify):</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>5/18/22</i>	<i>2:15pm</i>
					<i>3pm</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> <i>Middle-Brook Regional Health Commission</i>			NAME OF INSPECTOR <i>Shahira Morell</i>		
<i>111 Greenbrook Rd, Green Brook, NJ</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>5/18/22</i>

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

NAME (Individual, Facility, Establishment, etc.) <i>Rip's Liquors</i>		DATE <i>5/18/22</i>
MUNICIPALITY <i>Green Brook</i>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>PIC - Thomas Dieu</i>
	<i>- Pre packaged items sold</i>
	<i>- Refrigeration Temps are good</i>
	<i>Bathroom</i>
	<i>- observed hand sink needs cleaning and door to be resurfaced</i>
<i>8:24</i>	<i>- 6.5 a Physical facilities shall be maintained in good repair and</i>
	<i>b shall be clean as often as necessary to keep them clean.</i>
<i>ISSUED</i>	
<i>satisfactory</i>	

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

[Signature] *[Signature]*