



# SANITARY INSPECTION REPORT

| IDENTIFICATION   |              |   |               |
|--|--------------|---|---------------|
| OWNER INFORMATION<br><i>(Complete this section only if different from establishment information)</i> |              | ESTABLISHMENT INFORMATION                             |               |
| NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT  |              | ESTABLISHMENT TRADING NAME<br><i>Risels Evergreen</i> |               |
| NUMBER AND STREET  |              | NUMBER AND STREET<br><i>Usley 22. E.</i>              |               |
| COUNTY   |              | MUNICIPALITY<br><i>Green Brook</i>                    | ZIP CODE      |
| MUNICIPALITY   | STATE        | COUNTY<br><i>Somerset</i>                             | TELEPHONE NO. |
| ZIP CODE   | CO/MUN. CODE | ESTABLISHMENT STATE<br>LICENSE NO. <i>(If Appl.)</i>  | CO/MUN CODE   |

| INSPECTION   |   |  |              |
|--|---|--|--------------|
| TYPE OF ESTABLISHMENT<br>1 <input checked="" type="checkbox"/> RETAIL<br>2 <input checked="" type="checkbox"/> OTHER <i>(Specify):</i><br>3 <input type="checkbox"/><br>4 <input type="checkbox"/> | ESTABLISHMENT CODE  | 1 <input checked="" type="checkbox"/> INITIAL INSPECTION<br>2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i> |              |
|  | GOODS<br>1 <input type="checkbox"/> DESTROYED<br>2 <input type="checkbox"/> EMBARGOED | TIME - (2400 HOURS)  |              |
|  |   | DATE<br><i>10/13/21</i>  | BEGIN<br>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><br><i>Middle-Brook Regional Health Comm.<br/>111 Green Brook Rd<br/>Green Brook NJ</i> | NAME OF INSPECTOR<br><i>Robin Key</i>     |
| TELEPHONE NUMBER<br><i>(732) 968-5151</i>   | TITLE<br><i>Sr. R.E.H.S.</i>              |
| NAME OF HEALTH OFFICER<br><i>K.G. Sumner</i>  | INSPECTOR'S SIGNATURE<br><i>Robin Key</i> |
|   | INSPECTOR'S PERM. REG. NO. <i>B.1649</i>  |
|   | DATE                                      |

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

|  |  |                         |
|--|--|-------------------------|
| NAME (Individual, Facility, Establishment, etc.)<br><i>Rose's - Georgetown</i> |  | DATE<br><i>10/13/21</i> |
| MUNICIPALITY<br><i>Green Brook - NJ</i>  |  | TEL., CODE or ID NO.    |

| ITEM NO.    | REMARKS  |
|-------------|--|
| <i>note</i> | <i>No Food prep here only Fruits (pumpkins) sold here</i>        |
|             | <i><del>XXXXXXXXXX</del> All items are stored off the floor.</i> |
|             | <i>Satisfactory</i>  |

|   |  |
|---|--|
| SIGNATURE OF INDIVIDUAL COMPLETING FORM<br><i>[Signature]</i> | SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED<br><i>Laura Sansone</i><br><i>[Signature]</i> |
|---|--|

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