



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>owner - Komal Patel</i>		ESTABLISHMENT TRADING NAME <i>Sonic Drive-In</i>	
NUMBER AND STREET <i>732-476-8822 cell</i>		NUMBER AND STREET <i>199 Rt 22 E</i>	
COUNTY <i>PIC -</i>		MUNICIPALITY <i>Green Brook</i>	ZIP CODE <i>08812</i>
MUNICIPALITY	STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>732-529-5225</i>
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>	CO/MUN CODE

INSPECTION			
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER <i>(Specify):</i> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE	1 <input type="checkbox"/> INITIAL INSPECTION 2 <input checked="" type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
	GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)	
		DATE <i>9/7/21</i>	BEGIN <i>3pm</i>
			END <i>3:45pm</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>	NAME OF INSPECTOR <i>Shahira Morell</i>	
	TITLE <i>REHS</i>	
TELEPHONE NUMBER <i>732-968-5151</i>	INSPECTOR'S SIGNATURE <i>Shahira Morell</i>	
NAME OF HEALTH OFFICER	INSPECTOR'S PERM. REG. NO. <i>B-1164238</i>	DATE <i>9/7/21</i>

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

NAME (Individual, Facility, Establishment, etc.) Sonic Drive-In	DATE 9/7/21
MUNICIPALITY Green Brook	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	PIC-
	Re-Inspection
	* Still no service inside / no indoor dining
	Previous violations abated
	Reminders - Service Stove Hoods regularly
	* burger grill *
	- Service Sanitary Sol'n Mechanism
	Quarternary in use and check w/sanitizer strips
	- periodically clean ground around Dumpsters
	- Clean Bathroom sinks, etc more frequently
	Good job w/ Remediations
	ISSUED
	SATISFACTORY
	* Post Inspection placards - keep up to date posted

SIGNATURE OF INDIVIDUAL COMPLETING FORM Sharon Howell	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED X Donald Bolan
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