



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>Star Bxks</i>		
NUMBER AND STREET			NUMBER AND STREET <i>US Hwy 22/Cramer</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 type="checkbox"/> OTHER <i>(Specify):</i>					
3 <input type="checkbox"/>		GOODS		TIME - (2400 HOURS)	
4 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
		2 <input type="checkbox"/> EMBARGOED		<i>7/12/21</i>	END
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <i>Renovation</i>					
OFFICIAL(S)					
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND <i>(print)</i>			NAME OF INSPECTOR		
<i>Middle-Brook Regional Health Comm</i> <i>111 Green Brook Rd</i> <i>Green Brook NJ</i>			<i>Robyn Key</i>		
TELEPHONE NUMBER			TITLE		
<i>(732) 968-5151 x 2</i>			<i>B-1649 Sr. Reg. ENJ Health Spec.</i>		
NAME OF HEALTH OFFICER			INSPECTOR'S SIGNATURE		
<i>KE Summer</i>			<i>B-1649</i>		
			INSPECTOR'S PERM. REG. NO.		DATE
			<i>B-1649</i>		

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

NAME (Individual, Facility, Establishment, etc.) Starbucks	DATE 7/12/21
MUNICIPALITY Groen Brook	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	Pre-Opening inspection of a Renovation at Starbucks. Work is being done by American Jersey (973) 417-7954.
OK	All Equipment appears to be installed and working properly.
	No violations.
OK	Bathrooms Satisfactory
	Satisfactory

TERRIE WILSON

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