



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>Sunmerry Bakery LLC</i>			ESTABLISHMENT TRADING NAME <i>Sunmerry Bakery LLC</i>		
NUMBER AND STREET <i>1480 5 Joffrey Rd Peter Kao</i>			NUMBER AND STREET <i>299 Rt 22 East</i>		
COUNTY <i>Suik E. Irvine</i>			MUNICIPALITY <i>Green Brook</i>		ZIP CODE <i>NJ 08812</i>
MUNICIPALITY <i>IRVINE</i>		STATE <i>CA</i>	COUNTY <i>Somerset</i>		TELEPHONE NO.
ZIP CODE <i>92618</i>	CO/MUN. CODE <i>949-8386431</i>		ESTABLISHMENT STATE LICENSE NO. (If Appl.)		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 (other than initial inspection)	
2 <input type="checkbox"/> OTHER (Specify):					
3 <input type="checkbox"/>		GOODS		TIME - (2400 HOURS)	
4 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
		2 <input type="checkbox"/> EMBARGOED		END	
				<i>10/14/22 10:00 HRS 10:40 HRS</i>	
EVALUATION					
<i>Shihao Zhang</i>					
<input checked="" type="checkbox"/> SATISFACTORY		<input type="checkbox"/> CONDITIONALLY SATISFACTORY		<input type="checkbox"/> UNSATISFACTORY	
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND (print) <i>Middle Brook Reg Health Comm 111 Green Brook Rd Green Brook NJ</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
			TITLE <i>Sr. REHS</i>		
TELEPHONE NUMBER <i>(732) 968-5151</i>			INSPECTOR'S SIGNATURE <i>Robyn</i>		
NAME OF HEALTH OFFICER <i>M.G. Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B-1649</i>		DATE

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

NAME (Individual, Facility, Establishment, etc.) <i>Southern Bakery</i>		DATE <i>10/14/22</i>
MUNICIPALITY <i>Green Brook</i>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
<i>OK</i>	<i>Refrigeration Units - Temperatures are Satisfactory.</i>
<i>OK</i>	<i>Freezers - Temperatures are Satisfactory.</i>
<i>OK</i>	<i>Hot Water present in all sinks.</i>
<i>OK</i>	<i>Indirect connections present.</i>
<i>4.1</i>	<i>Shelving and racks have not been installed in Refrigerators + Freezers.</i>
<i>4.1</i>	<i>Shelving must be set up inside the Refrigeration Units.</i>

Note: There is one pass-through safe Certified!
Shihao Zheng #15803212
Date of Expiration 11/16/22.

Satisfactory

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>[Signature]</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>Shihao Zheng</i> <i>[Signature]</i>
---	---