



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>Dimetri Konradelis</i>			ESTABLISHMENT TRADING NAME <i>SUNSET Diner</i>		
NUMBER AND STREET			NUMBER AND STREET <i>US Hwy 22</i>		
COUNTY			MUNICIPALITY <i>Green Brook</i>		ZIP CODE
MUNICIPALITY		STATE	COUNTY <i>Summit</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>		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>10/14/21</i>	END
EVALUATION					
<input type="checkbox"/> SATISFACTORY		<input checked="" 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 Comm</i> <i>111 Green Brook Rd</i> <i>Green Brook NJ</i>			NAME OF INSPECTOR <i>Robyn Kay</i>		
TELEPHONE NUMBER <i>(732) 968-5151 x2</i>			TITLE <i>SI REHS</i>		
NAME OF HEALTH OFFICER <i>M. G. Summers</i>			INSPECTOR'S SIGNATURE		INSPECTOR'S PERM. REG. NO. <i>B-1649</i>
					DATE

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

NAME (Individual, Facility, Establishment, etc.) <i>Souse + Diner</i>	DATE <i>12/14/21</i>
MUNICIPALITY <i>Green Brook</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
617	Hand sink in kitchen - no soap, no hand towels and no hand washing sign.
612	Kitchen Door (Rear Entrance) 1/4 inch gap around the bottom of the door which can allow access to flying insects + other pests.
313	plastic tubs of potatoes and sausage are stored directly on the floor. uncovered.
613	Hand Light Leaky down to basement has not been repaired.
83	Failure to post conditional inspection posting.
911	Failure to provide floor plans for renovation of retail food establishment.
	* License fee is increased with each re-inspection after the first conditional.

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>[Signature]</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>[Signature]</i> DEMETRIOS ZAIRIS
MS-5 10/05	PAGE <i>1</i> OF <i>1</i> PAGES