



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>Nadeem Mush+90</i>			ESTABLISHMENT TRADING NAME <i>Supreme Halal Meat</i>			
NUMBER AND STREET			NUMBER AND STREET <i>US Hwy 22 EAST</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 <i>908-205-1515</i>						
TYPE OF ESTABLISHMENT 1 <input 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 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>10/14/22</i>	BEGIN	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> <i>Middle-Brook Reg. Health Comm 111 Greenbrook Rd Green Brook NJ</i>			NAME OF INSPECTOR <i>Robyn Key</i>			
TELEPHONE NUMBER <i>(732) 968-5151 x2</i>			TITLE <i>Sr. REAS</i>			
NAME OF HEALTH OFFICER <i>K. G. Sumner</i>			INSPECTOR'S SIGNATURE <i>Robyn Key</i>		INSPECTOR'S PERM. REG. NO. <i>13-1649</i>	
			DATE			

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

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

ITEM NO.	REMARKS
	<i>Note. The 3 compartment sink plumbing was repaired.</i>
	<i>33/34 with the exception of a container of chicken all food in the walk in refrigerator was off the floor.</i>
	<i>Note. no food was out of temperature + on display.</i>
	<i>Note. Shelving on spice cabinets was cleaned.</i>
	<i>Satisfactory</i>

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