



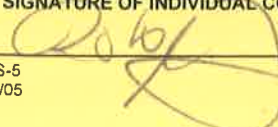
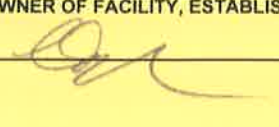
SANITARY INSPECTION REPORT

IDENTIFICATION					
OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>			ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT HAZ BELL			ESTABLISHMENT TRADING NAME TACO BELL		
NUMBER AND STREET			NUMBER AND STREET US Hwy 22		
COUNTY			MUNICIPALITY Green Brook	ZIP CODE	
MUNICIPALITY	STATE		COUNTY Somerset	TELEPHONE NO.	
ZIP CODE	CO/MUN. CODE		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		7/7/22	END
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <i>Pre-opening inspection</i>					
OFFICIAL(S)					
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND (print)			NAME OF INSPECTOR		
Middle-Brook Reg Health Comm			Robyn Key (Robyn Key)		
111 Greenbrook Rd.			TITLE		
Green Brook NJ			Sr. BEHS		
TELEPHONE NUMBER			INSPECTOR'S SIGNATURE		
(732) 968-5151			<i>Robyn Key</i>		
NAME OF HEALTH OFFICER			INSPECTOR'S PERM. REG. NO.	DATE	
K. G. Sumner			B-1649		

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

NAME (Individual, Facility, Establishment, etc.)	DATE
LACO Bell	7/17/17 B2
MUNICIPALITY Greas Brook	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	OK. Drop ceiling is completely installed
	OK. Shelving is installed for Dry goods + utensils.
	All violations were corrected.
Spells Factory	

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

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