



## SANITARY INSPECTION REPORT

IDENTIFICATION					
<b>OWNER INFORMATION</b> <i>(Complete this section only if different from establishment information)</i>			<b>ESTABLISHMENT INFORMATION</b>		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME <i>Walgreens</i>		
NUMBER AND STREET			NUMBER AND STREET <i>US Hwy 22 E</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 checked="" 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"/> <i>RISK AT I</i>		GOODS		TIME - (2400 HOURS)	
4 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
		2 <input type="checkbox"/> EMBARGOED		9/15/22	1400
				1500	1500
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>		
NAME, ADDRESS AND <i>(print)</i>			NAME OF INSPECTOR		
<i>Middle-Brook Regional Health Comm</i>			<i>Robert Key</i>		
<i>111 Green Brook Rd</i>			TITLE		
<i>Green Brook NJ</i>			<i>SC REHS</i>		
TELEPHONE NUMBER			INSPECTOR'S SIGNATURE		
<i>(732) 968-5151</i>			<i>Robert Key</i>		
NAME OF HEALTH OFFICER			INSPECTOR'S PERM. REG. NO.		DATE
<i>H.G. Sommer</i>			<i>B-1649</i>		

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

NAME (Individual, Facility, Establishment, etc.) <i>Wol Greens</i>	DATE <i>9/15/22</i>
MUNICIPALITY <i>Green Brook</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
<i>Good</i>	<i>Refrigerators - 41°F</i>
<i>Good</i>	<i>Freezer - ≤ 0°F</i>
	<i>Food on display is up to date.</i>
	<i>Food stored properly.</i>
	<i>No signs of pests</i>
	<i>Bathrooms are clean &amp; sanitary.</i>
	<i>Satisfactory</i>

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