



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 PIC - Chloe			ESTABLISHMENT TRADING NAME Walgreens		
NUMBER AND STREET			NUMBER AND STREET 247 Rt 22 E		
COUNTY			MUNICIPALITY Green Brook		ZIP CODE 08812
MUNICIPALITY		STATE	COUNTY Somerset		TELEPHONE NO. 732-624-
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)		CO/MUN CODE 1520
INSPECTION					
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify): 3 <input type="checkbox"/> 4 <input type="checkbox"/>		ESTABLISHMENT CODE		1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION (other than initial inspection)	
		GOODS		TIME - (2400 HOURS)	
		1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED		DATE 11/5/21	BEGIN 11:45am
				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 (print)			NAME OF INSPECTOR Shahira Morell		
			TITLE REHS		
TELEPHONE NUMBER 732-968-5151			INSPECTOR'S SIGNATURE Shahira Morell		
NAME OF HEALTH OFFICER Kevin Sumner			INSPECTOR'S PERM. REG. NO. B-164238		DATE 11/5/21

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

NAME (Individual, Facility, Establishment, etc.) Walgreen's	DATE 11/5/21
MUNICIPALITY Green Brook	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	PIC - Chloe
	Refrigerator - observed 1/2 gallon 2% milk w/10/31/21 and Gallon 2% milk w/11/2/21 exp.
	Walk-in Freezer - some items were on the floor
	* Foods shall be stored 6" above floor
	No foods cooked on premises, only pre-packaged foods, candies, and drinks sold.
	- Observed one water damaged ceiling tile above aisle 12 * Replace
	- Observed one refrigerator for drinks not to temp. but sodas are stored in it by Pick up cashier
	- Baby Formula Dates are good.
	- Store is clean and in order. Good Job!
	→ ISSUED Satisfactory ←

SIGNATURE OF INDIVIDUAL COMPLETING FORM Shahua Murrell	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED [Signature]
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