



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			ESTABLISHMENT TRADING NAME		
NUMBER AND STREET			NUMBER AND STREET		
COUNTY			MUNICIPALITY		ZIP CODE
MUNICIPALITY		STATE	COUNTY		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):		GOODS		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		2/17/21	1130/15 - 1200/15
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		
Middle-Brook Reg. Health Comm.			Robyn Key		
111 Green Brook Rd			TITLE		
Green Brook NJ			Sr. REHS		
TELEPHONE NUMBER			INSPECTOR'S SIGNATURE		
(732) 968-5151 x 2			[Signature]		
NAME OF HEALTH OFFICER			INSPECTOR'S PERM. REG. NO.		DATE
K. Co. Summers			B 1649		

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

NAME (Individual, Facility, Establishment, etc.) 5304's Burgers + Fries		DATE 2/17/21
MUNICIPALITY Watchdog		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	- Inspected after a small Grease fire on 2/13/21. Rly spoke with the owner + District manager to clean + sanitize exposed areas and dispose of food + disposable utensils exposed to smoke + fire retardant. Rly will stop by to check establishment.
	2/17/21 - All Refrigerator units are at 41°F or less
6.2/6.3	Exhaust duct appears that it may need to be cleaned. The service date is 2/16/21.
	Everything else appears to be clean.
	Satisfactory

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