



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		9/14/02	11:00 HRS
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.			R. K.		
111 Greed Brook Rd			TITLE		
Great Brook NJ			SECRETARY		
TELEPHONE NUMBER			INSPECTOR'S SIGNATURE		
(732) 968-5151					
NAME OF HEALTH OFFICER			INSPECTOR'S PERM. REG. NO.		DATE
K. G. Sumas			B-1649		

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

NAME (Individual, Facility, Establishment, etc.) <i>Arby's</i>	DATE <i>9/14/22</i>
MUNICIPALITY <i>Wauchope</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
Local Ord 18-11	Note: Local ordinance 18-11 For Grease Traps given to manager. Need to provide Grease Trap Clean out Reports to Wauchope. Food prep station -
Good	Hand Wash Sink - Satisfactory.
Good	Refrigerator temps. 41°F. in Both back rooms
Note	Work Area cleaned + Sanitized. Rear
SAT	WALK in Refrigerator - 33°F
SAT	WALK in Freezer - 2°F
Good	Sanitizer present at 3 Compartment sink.
Note	Hand Wash Sink - no hand towels in the rear hand sink near 3 Comp Sink. Rear Storage Room Satisfactory.
Note	Both the male / Female Bathroom - Satisfactory. Rear Dumpster Area - Satisfactory.

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