



SANITARY INSPECTION REPORT

| IDENTIFICATION | | | | | |
|--|--------------|--------------------------------------|--|---|--------------------------------------|
| OWNER INFORMATION <small>(Complete this section only if different from establishment information)</small> | | | ESTABLISHMENT INFORMATION | | |
| NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <i>Toddler DSR LLC</i> | | | ESTABLISHMENT TRADING NAME <i>Arbys</i> | | |
| NUMBER AND STREET <i>1360 Well Rd</i> | | | NUMBER AND STREET <i>Bluebird Shop Ct 1701 US Hwy 22 West</i> | | |
| COUNTY <i>Ridge</i> | | | MUNICIPALITY <i>Langhorne</i> | | ZIP CODE |
| MUNICIPALITY <i>Ridge</i> | | STATE <i>NJ</i> | COUNTY <i>Somerset</i> | | TELEPHONE NO. <i>908-490-1217</i> |
| 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 | | <i>7/14/21</i> | END |
| EVALUATION | | | | | |
| <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <i>Still Under Construction (On Hold)</i> | | | | | |
| OFFICIAL(S) | | | | | |
| LOCAL BOARD OF HEALTH | | | INSPECTING OFFICIAL | | |
| NAME, ADDRESS AND (print) <i>Middle Brook Regional Health Center 111 Green Brook NJ Green Brook</i> | | | NAME OF INSPECTOR <i>Robyn</i> | | |
| | | | TITLE <i>Reg. Env. Health Specialist</i> | | |
| TELEPHONE NUMBER <i>732-968-5151 x2</i> | | | INSPECTOR'S SIGNATURE <i>Robyn</i> | | |
| NAME OF HEALTH OFFICER <i>H. G. Sommer</i> | | | INSPECTOR'S PERM. REG. NO. <i>B-1649</i> | | DATE |

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

| | | |
|--|--|------------------------|
| NAME (Individual, Facility, Establishment, etc.) <i>Trident</i> | | DATE <i>7/14/21</i> |
| MUNICIPALITY <i>Walchey</i> | | TEL., CODE or ID NO. |

| ITEM NO. | REMARKS |
|---|---|
| Good. | There is now one complete Bathroom that is in satisfactory condition. |
| OK | - The rear hand wash sink has been repaired - The mop sink was repaired as well. - Since - Under construction a Conditional Satisfactory will be issued until complete. However food area now be safely repaired. |
| <i>Conditional</i> | |
| <i>TRIDENT OSR. LLC,</i> <i>ARIF KHAN.</i> | |

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