



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 <i>Tribent Q Se LLC</i>			ESTABLISHMENT TRADING NAME <i>Arby's</i>		
NUMBER AND STREET <i>1360 Wall Rd</i>			NUMBER AND STREET <i>3100 Star 1701 US Hwy 72 W</i>		
COUNTY <i>Somerset</i>			MUNICIPALITY <i>Watchung</i>		ZIP CODE
MUNICIPALITY <i>Bridgewater</i>		STATE <i>NJ</i>	COUNTY	TELEPHONE NO. <i>908-990-1217</i>	
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>	CO/MUN CODE	
<i>Folad 908 487-4437</i>					
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input 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"/>		GOODS		TIME - (2400 HOURS)	
4 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
		2 <input type="checkbox"/> EMBARGOED		<i>12/2/21</i>	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 <i>(print)</i> <i>Middle-Brook Regional Health Comm 111 Green Brook Rd Green Brook NJ</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
TELEPHONE NUMBER <i>732-968-5151 x2</i>			TITLE <i>SR EHS</i>		
NAME OF HEALTH OFFICER <i>K.G. Summers</i>			INSPECTOR'S SIGNATURE <i>[Signature]</i>		DATE
			INSPECTOR'S PERM. REG. NO. <i>R4649</i>		

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

NAME (Individual, Facility, Establishment, etc.) Arby's	DATE 12/8/21
MUNICIPALITY Leokhang	TEL., CODE or ID NO.

ITEM NO.	REMARKS
6.7	Hand washy sign is required in both Bathrooms.
6.5(i)	Dumpster near outside - Dumpsters must be completely closed + Debris removed from dumpster and around dumpster. Debris from construction should be removed from property.
6.7	Kitchen (Front) Hand sink - no hand towels + no H.W. sign.
6.7	Rear Kitchen - Hand washy sink needs Hand towels, Hand washy sign + Soap.
C.O.S.	Sink was obstructed from use by garbage can.
Good	Larck TCS Refrigerator: is 38°F.
6.3	Freezer - Inadequate lighting
ok	All Refrigeration Temps. appear to be satisfactory.
6.7	* Recommended hand washy sign also be in the primary language spoken inside kitchen.

SIGNATURE OF INDIVIDUAL COMPLETING FORM 	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED Fahad SUEIKH
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