



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>Watchdog Board of Ed.</i>			ESTABLISHMENT TRADING NAME <i>Bayberry School</i>		
NUMBER AND STREET <i>Ed.</i>			NUMBER AND STREET <i>Bayberry Lane</i>		
COUNTY		MUNICIPALITY <i>Union</i>		ZIP CODE	
MUNICIPALITY	STATE	COUNTY <i>Somerset</i>	TELEPHONE NO.		
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl.)	CO/MUN CODE		
INSPECTION					
TYPE OF ESTABLISHMENT 1 <input type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify): 3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE		1 <input 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	BEGIN	END
			<i>10/7/21</i>		
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) <i>Middle-Brook Reg Health Comm 111 Greenbrook Rd Green Brook NJ</i>			NAME OF INSPECTOR <i>Robert Key</i>		
			TITLE <i>Sr. REHS</i>		
TELEPHONE NUMBER <i>(732) 968-5151 x2</i>			INSPECTOR'S SIGNATURE <i>Robert Key</i>		
NAME OF HEALTH OFFICER <i>H.G. Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B-1649</i>	DATE	

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

NAME (Individual, Facility, Establishment, etc.) Bayberry School		DATE 10/7/21
MUNICIPALITY Wauchoy		TEL., CODE or ID NO.

ITEM NO.	REMARKS
NO	There is no School Lunch program. On an occasion Food is brought in by the PTA (Like Pizza) From a Licensed + inspected Retail Food Establishment
OK	Milk Box is < 41°F.
OK	Milk products are up to date.
OK	Hand sink has Soap, Hand towels + a Hand washing sign.
	Covid protocol is strictly Adhered to.
	<i>Satisfactory</i>

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