



# 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>WACHUNG BOE.</i>			ESTABLISHMENT TRADING NAME <i>Ray Berry School</i>		
NUMBER AND STREET <i>Ray Berry Lane</i>			NUMBER AND STREET <i>Ray Berry Lane</i>		
COUNTY			MUNICIPALITY <i>WACHUNG</i>		ZIP CODE
MUNICIPALITY		STATE	COUNTY		TELEPHONE NO.
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		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 <i>(other than initial inspection)</i>	
2 <input type="checkbox"/> OTHER <i>(Specify):</i>					
3 <input type="checkbox"/> Institution		GOODS		TIME - (2400 HOURS)	
4 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	
		2 <input type="checkbox"/> EMBARGOED		BEGIN	
				END	
				<i>3/14/22 10:50HUS 11:10HUS</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 <i>(print)</i> <i>Middle-Brook Regional Health Comm. 111 Green Brook Rd. Green Brook NJ</i>			NAME OF INSPECTOR <i>B. Key.</i>		
TELEPHONE NUMBER <i>(732) 968-5151 x2</i>			TITLE <i>SC R.F.H.S.</i>		
NAME OF HEALTH OFFICER <i>K.G. Smwa</i>			INSPECTOR'S SIGNATURE <i>B. Key.</i>		INSPECTOR'S PERM. REG. NO. <i>B-1649</i>
			DATE		

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

NAME (Individual, Facility, Establishment, etc.) Bay Berry School.      DATE 3/19/22  
 MUNICIPALITY Wauchuck      TEL., CODE or ID NO.

ITEM NO.	REMARKS
	No Lunch Program.
	ONLY milk is Sold in Lunch Room +
	occasional PTO Special Lunches.
	Good Temperature is < 41°F.
	Good H W Sink Satisfactory
	" NO Grease Trap.
<div data-bbox="162 798 1266 1869" style="border: 1px solid black; transform: rotate(-20deg); padding: 20px; opacity: 0.3;">                     Satisfactory                 </div>	

SIGNATURE OF INDIVIDUAL COMPLETING FORM [Signature]      SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED Dorinda Tkaczuk