



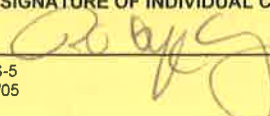
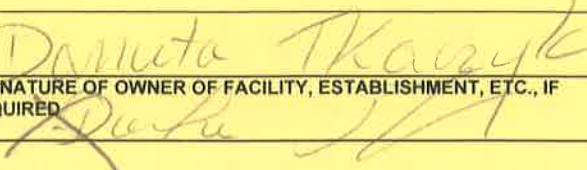
SANITARY INSPECTION REPORT

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>Watch Board of Ed.</i>			ESTABLISHMENT TRADING NAME <i>Raspberry School</i>		
NUMBER AND STREET <i>Raspberry Lane</i>			NUMBER AND STREET <i>Raspberry Lane</i>		
COUNTY		MUNICIPALITY <i>Litchfield</i>		ZIP CODE	
MUNICIPALITY		STATE	COUNTY <i>Sumner</i>	TELEPHONE NO. <i>908 755 8184</i>	
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE	
INSPECTION					
TYPE OF ESTABLISHMENT 1 <input type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER <i>(Specify):</i> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
		GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED		TIME - (2400 HOURS)	
					DATE
			<i>10/12/22</i>	<i>10:15 AM</i>	<i>10:45 AM</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 Reg. Health Comm 111 Greenbrook Rd. Greenbrook NJ</i>			NAME OF INSPECTOR <i>Robyn Ky</i>		
			TITLE <i>SI, R.E.H.S</i>		
TELEPHONE NUMBER <i>(732) 968-5151</i>			INSPECTOR'S SIGNATURE <i>Robyn</i>		
NAME OF HEALTH OFFICER <i>K. 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 Schools		DATE 10/12/22
MUNICIPALITY Waltham		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	No lunch program.
	Note Dairy Box 41°F. and Sanitary
	Refrigerators Satisfactory.
	Kitchen clean -
	Hand wash sink - Satisfactory.
	Satisfactory

SIGNATURE OF INDIVIDUAL COMPLETING FORM 	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED Dorota Tkaczyk 
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