



# 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>PIC - Ben</i>		ESTABLISHMENT TRADING NAME <i>Bed, Bath, &amp; Beyond</i>	
NUMBER AND STREET		NUMBER AND STREET <i>1511 Rt 22 W</i>	
COUNTY	MUNICIPALITY <i>Wachusett</i>	ZIP CODE <i>07069</i>	
MUNICIPALITY	STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>908-822-1800</i>
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>	CO/MUN CODE

INSPECTION				
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER <i>(Specify):</i>  3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE	1 <input checked="" 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	BEGIN	END
<i>11/8/21</i>		<i>1:45pm</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>	NAME OF INSPECTOR <i>Shahira Morell</i>
	TITLE <i>REHS</i>
TELEPHONE NUMBER <i>732-968-5151</i>	INSPECTOR'S SIGNATURE <i>Shahira Morell</i>
NAME OF HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B-164238</i> DATE <i>11/8/21</i>

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

NAME (Individual, Facility, Establishment, etc.)

Bed, Bath, & Beyond

DATE

11/8/21

MUNICIPALITY

Watchung

TEL., CODE or ID NO.

ITEM NO.

REMARKS

PIC - Ben

No Food made on site

Pne packaged candies, cookies, etc sold

Expiration Dates are good

Bathrooms good

Exterminator - as needed

*Issued Satisfactory*

SIGNATURE OF INDIVIDUAL COMPLETING FORM

*Robert Morell*

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED

*Ben [Signature]*