



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		ESTABLISHMENT TRADING NAME <i>Buffalo Wild Wings</i>	
NUMBER AND STREET		NUMBER AND STREET <i>05409 22</i>	
COUNTY		MUNICIPALITY <i>Watkins</i>	ZIP CODE
MUNICIPALITY	STATE	COUNTY	TELEPHONE NO. <i>908 222-9464</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 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>3/31/21</i>	BEGIN 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 Reg Health Comm</i> <i>11 Green Brook Rd</i> <i>Green Brook NJ</i>	NAME OF INSPECTOR <i>Robyn Key</i>
TELEPHONE NUMBER <i>(732) 968 51 51 x 2</i>	TITLE <i>SR R.H.S.</i>
NAME OF HEALTH OFFICER <i>K.G. Sumner</i>	INSPECTOR'S SIGNATURE <i>Robyn Key</i>
	INSPECTOR'S PERM. REG. NO. DATE

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

NAME (Individual, Facility, Establishment, etc.) <i>BWW</i>	DATE <i>2/3/21</i>
MUNICIPALITY <i>Watbury</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
<i>OK</i>	<p>Inspection After Notification that Fire Suppression System was Activated.</p> <p>Grease in Filters was Replaced.</p> <p>All Exposed Food + Food Containers were disposed off on the Food Line.</p> <p>Refrigeration + Freezers are Satisfactory.</p>
<i>8:24-618</i>	<p>Light house keeping is needed in Espacoy the Female Bathroom.</p>
<i>8:24-62</i>	<p>Dumpster Lid open.</p> <p>Hand washing Sinks are satisfactory.</p>
<i>OK</i>	<p>There is at least one person certified in Sarcos site.</p> <p>Present at the time of the inspection is General Manager <u>John Frost</u>.</p>
	<p><i>Satisfactory</i></p>

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>[Signature]</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>John Frost</i>
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