



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		
NUMBER AND STREET			NUMBER AND STREET		
COUNTY		MUNICIPALITY		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>		GOODS		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE BEGIN END	
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		2/17/02 1440 HRS 1500 RS	
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		
Middle Brook Reg. Health Comm.			Robyn Key		
111 Great Brook Rd			TITLE		
Great Brook NJ			Sr. R.E.H.S.		
TELEPHONE NUMBER			INSPECTOR'S SIGNATURE		
(732) 908-5151					
NAME OF HEALTH OFFICER			INSPECTOR'S PERM. REG. NO.		DATE
K.G. Sommer			B-1649		

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

NAME (Individual, Facility, Establishment, etc.)

DATE

MUNICIPALITY

TEL., CODE of ID NO.

ITEM NO.

REMARKS

Cinemask
WATCHONG

2/17/22

6.1 Refrigeration temperatures are satisfactory.
C.O.S. One thermometer was recovered in the back of the Refrigerator

6.2 Sticky Garbage Container - the sugar/sticky items or pizza sauce need to be cleaned from the box so as not to attract insects.

6.3 Bathrooms are satisfactory

(Large diagonal line across the page with the word "Satisfactory" written along it)

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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

(Handwritten signature)

HERMIT SCARBY
(Handwritten signature)