



## SANITARY INSPECTION REPORT

IDENTIFICATION					
<b>OWNER INFORMATION</b> <i>(Complete this section only if different from establishment information)</i>			<b>ESTABLISHMENT INFORMATION</b>		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PIC-Deondre			ESTABLISHMENT TRADING NAME Cinemark		
NUMBER AND STREET Kermit			NUMBER AND STREET 1670 Rt 22 E		
COUNTY			MUNICIPALITY Watchung		ZIP CODE 07069
MUNICIPALITY		STATE	COUNTY Somerset		TELEPHONE NO. 908-561-5970
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(if Appl.)</i>		CO/MUN CODE
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input checked="" type="checkbox"/> INITIAL INSPECTION	
1 <input type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
2 <input checked="" type="checkbox"/> OTHER <i>(Specify):</i>		GOODS		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		9/20/21	2:45pm
Theatre					4:10pm
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>		
NAME, ADDRESS AND <i>(print)</i>			NAME OF INSPECTOR Shahira Morell		
			TITLE REHS		
TELEPHONE NUMBER 732-968-5151			INSPECTOR'S SIGNATURE Shahira Morell		
NAME OF HEALTH OFFICER Kevin Sumner			INSPECTOR'S PERM. REG. NO. B-164738		DATE 9/20/21

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

NAME (Individual, Facility, Establishment, etc.) <span style="font-size: 1.5em; margin-left: 200px;">Cinemark</span>	DATE <span style="font-size: 1.5em;">9/20/21</span>
MUNICIPALITY <span style="font-size: 1.5em; margin-left: 20px;">Watchung</span>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	PIC - Deondre and Kermit Scourby Food Protection Manager Cert. issued 9/13/21 learn 2 Serve.com
	Exterminator - Orkin last serviced 8/17/21
	- Oil from Fryer is collected w/a vacuum system - Grease Buster into a tank
	- Underground Grease Trap - possibly located outside, by the side of the building - 6 man holes -
	[ Observed food debris on bottom of pizza hut Fridge Reminder to clean often
	- Hot Holding Unit - • bottom level observed at 103 - 114°F Hot Holding shall be held at 135°F or above
	- Hand wash sinks for employees in front area was not getting Hot * increase water temperature

———— ISSUED Satisfactory

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