



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>10011st Tree</i>		
NUMBER AND STREET			NUMBER AND STREET <i>1776 05th St</i>		
COUNTY			MUNICIPALITY <i>Levittown</i>		ZIP CODE <i>19054</i>
MUNICIPALITY		STATE	COUNTY		TELEPHONE NO.
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)		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 (other than initial inspection)	
2 <input type="checkbox"/> OTHER (Specify):					
3 <input type="checkbox"/>		GOODS		TIME - (2400 HOURS)	
4 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
		2 <input type="checkbox"/> EMBARGOED		<i>3/14/22</i>	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 (print) <i>Middle-Brook Reg Health Hh Comm</i> <i>111 Green Brook Rd</i> <i>Green Brook NJ</i>			NAME OF INSPECTOR <i>Ruby Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151 x 2</i>			TITLE <i>SR. REHS</i>		
NAME OF HEALTH OFFICER <i>K.G. Sumner</i>			INSPECTOR'S SIGNATURE <i>Ruby Key</i>		INSPECTOR'S PERM. REG. NO. <i>B-1649</i>
			DATE		

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

NAME (Individual, Facility, Establishment, etc.) <i>Dollar Tree</i>	DATE <i>2/14/22</i>
MUNICIPALITY <i>WACHUQUET</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
104	No Food prep at this establishment. Only pre-packaged foods sold.
	Foods appear to be up to date.
	Refrigeration unit is satisfactory. 37°F
	Bulk Refrigerators + freezer is satisfactory. 39°F / -8°F
616	Female Employee Bathroom - No hand towels. (Air Blowers present)
616	Male Employee Bathroom. No hand towels.
106	Storage Room - satisfactory. (Air Blowers present)
	Carpet at front Entrance - (dirty).

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Robyn</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>ABDUL GREEN</i>
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