



# 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 - Kesha Holmes</i>			ESTABLISHMENT TRADING NAME <i>Dollar Tree #1776</i>		
NUMBER AND STREET			NUMBER AND STREET <i>Blue star Shopping Center</i>		
			<i>1701 Rt 22 w</i>		
COUNTY			MUNICIPALITY <i>Watchung</i>		ZIP CODE <i>07069</i>
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>		TELEPHONE NO. <i>908-288-9006</i>
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 checked="" type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
2 <input type="checkbox"/> OTHER <i>(Specify):</i>					
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>8/2/21</i>	<i>1:30pm</i>
					<i>2:15pm</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>8/2/21</i>

\* Work Orders have been placed already \*

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

The store to be Remodeled

NAME (Individual, Facility, Establishment, etc.) Dollar Tree		DATE 8/2/21
MUNICIPALITY Watchung		TEL., CODE or ID NO.

ITEM NO.	PIC - Kesha Holmes	REMARKS
		Issued - Satisfactory pest control - Terminix Commercial - serviced 7/1/21

- Observed food stuff / liquid splatter on walls / shelves of Freezer Unit for Customers by ice cream area and Refrigerator Area by cheese
- Observed some damaged ceiling w/ water damage \* Replace Tiles potato
- Observed some food items under Chip aisle shelving and some debris along floors of some aisles.
- Observed - English Muffins exp. 7/22/21
- Restrooms - Both Male + Female bathrooms are stocked w/ soap + paper towels

However - Restrooms need to be cleaned and maintained

8:24 6.6 - Toilet Facilities, including stalls and fixtures, shall be kept (h) clean and in good repair

(k) Women's Rm shall have covered garbage cans (due to feminine products)

8:24 6.5(a+b) The physical facility shall be maintained in good Repair and cleaned as often as necessary to keep them clean.

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