SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION (Complete this section only if different from establishment information)		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT		ESTABLISHMENT TRADING NAME: Dunkin Donuts	
NUMBER AND STREET		NUMBER AND STREET: Somerset St	
COUNTY		MUNICIPALITY: Watchung NJ	ZIP CODE
MUNICIPALITY	STATE	COUNTY: Somerset	TELEPHONE NO.
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. *(If Appl.)*	CO/MUN CODE

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	
1 ☒ RETAIL 2 ☒ OTHER *(Specify):* 3 ☐ 4 ☐	GOODS 1 ☐ DESTROYED 2 ☐ EMBARGOED	1 ☐ INITIAL INSPECTION 2 ☐ REINSPECTION *(other than initial inspection)*

TIME - (2400 HOURS)		
DATE	BEGIN	END
4/6/22		

EVALUATION

☒ *SATISFACTORY* ☐ *CONDITIONALLY SATISFACTORY* ☐ *UNSATISFACTORY*

OFFICIAL(S)

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND *(print)*: Middle Bros Reg Health Comm 111 Groowbrook Rd Greenbrook NJ		NAME OF INSPECTOR: Rukayat Kay TITLE: SI REHS	
TELEPHONE NUMBER: (732) 968-5151		INSPECTOR'S SIGNATURE	
NAME OF HEALTH OFFICER: V.G. Sumner		INSPECTOR'S PERM. REG. NO.: R-1649	DATE

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SEP 06

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

NAME (Individual, Facility, Establishment, etc.)	DATE
Dunkin Donuts	4/20/22
MUNICIPALITY	**TEL., CODE or ID NO.**
Watchung	

ITEM NO.	REMARKS
	Back Kitchen –
Good	Freezers Satisfactory.
Good	Hand Sink Satisfactory – Hand towel dispenser repaired on site –
	Front Counter Area –
Good	Breakfast Sandwich Refrigerators – 41°F.
—	Bathrooms are satisfactory.

Niky [illegible]

Doors to be kept [illegible]

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

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