



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>Fresh mart</i>	
NUMBER AND STREET		NUMBER AND STREET <i>WATCHDOG AVE</i>	
COUNTY		MUNICIPALITY <i>WATCHDOG</i>	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 1 <input type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER <i>(Specify):</i> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE	1 <input type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
	GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>5/27/22</i>	<i>D.P 10:30</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> <i>Middle-Brook Reg Health Comm</i> <i>111 Great Brook Rd</i> <i>Great Brook NJ</i>	NAME OF INSPECTOR <i>R. Ky</i>	
TELEPHONE NUMBER <i>(732) 968-5151 x2</i>	TITLE <i>SR REHS</i>	
NAME OF HEALTH OFFICER <i>D. G. Sinner</i>	INSPECTOR'S SIGNATURE <i>Robert Ky...</i>	INSPECTOR'S PERM. REG. NO. DATE <i>B-1649</i>

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

NAME (Individual, Facility, Establishment, etc.)

DATE

5/27/22

MUNICIPALITY

Fresh Mart

TEL., CODE or ID NO.

Watchdog

ITEM NO.

REMARKS

Rear Kitchen -

6.7

NO soap in dispenser - above Hand washing sink

6.15

Dumpster Lid is up Dumpster uncovered.

Note Refrigeration temperatures are consistently satisfactory.

Customer Bathroom - Satisfactory.

Satisfactory

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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

[Signature]

[Signature] Pavi Patel

PAGE OF PAGES