



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>Swalchng Ave. (Triangle)</i>		
COUNTY			MUNICIPALITY <i>Walchng</i>		ZIP CODE <i>07099</i>
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		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>		GOODS <i>JIFF OPEN</i>		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		<i>10/5/21</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>Middle Brook Regional Health Comm.</i>			<i>Robyn Kep</i>		
<i>111 Green Brook Rd</i>			TITLE		
<i>Green Brook NJ</i>			<i>SR REHS</i>		
TELEPHONE NUMBER			INSPECTOR'S SIGNATURE		
<i>(732) 968-5151 x2</i>			<i>Robyn Kep</i>		
NAME OF HEALTH OFFICER			INSPECTOR'S PERM. REG. NO.		DATE
<i>H.G. Sumner</i>			<i>B-1649</i>		

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

NAME (Individual, Facility, Establishment, etc.)

Fresh Mart

DATE

10/5/21

MUNICIPALITY

Walchburg

TEL., CODE or ID NO.

ITEM NO.

REMARKS

Hand Washing Sink in front sandwich counter Area

6.9. NO SOAP.

(6.0.5) NO Hand towels.

6.1.9 - H/W. Sign not posted in a way that it can be read.
Hand Washing Sink near 3 compartment.

6.1.9. - NO SOAP

6.1.9. - NO hand towels.

Good: All Refrigeration temperatures + freeze temperatures satisfactory

6.0.5 DUMPST. cover was open - (corrected during inspection)

~~3.1.9~~ Jiffy corn muffin mix - Ust dated 5/21
(item was disposed of)

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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

Cody G

X John Perry