



## SANITARY INSPECTION REPORT

IDENTIFICATION					
<b>OWNER INFORMATION</b> <i>(Complete this section only if different from establishment information)</i>			<b>ESTABLISHMENT INFORMATION</b>		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <i>PIC - Stephen Black</i>			ESTABLISHMENT TRADING NAME <i>Gray's Florist</i>		
NUMBER AND STREET			NUMBER AND STREET <i>1590 US-22,</i>		
COUNTY			MUNICIPALITY <i>Watchung</i>		ZIP CODE <i>07069</i>
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>		TELEPHONE NO. <i>908-757-0400</i>
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE
INSPECTION					
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER <i>(Specify):</i>  3 <input type="checkbox"/> 4 <input type="checkbox"/>		ESTABLISHMENT CODE		1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
GOODS		TIME - (2400 HOURS)			
1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED		DATE	BEGIN	END	
		<i>8/29/22</i>	<i>12:15pm</i>	<i>12:45pm</i>	
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>		
NAME, ADDRESS AND <i>(print)</i>			NAME OF INSPECTOR <i>Shahira Morell</i>		
TELEPHONE NUMBER <i>732-968-5151</i>			TITLE <i>REHS</i>		
NAME OF HEALTH OFFICER <i>Kevin Sumner</i>			INSPECTOR'S SIGNATURE <i>Shahira Morell</i>		
			INSPECTOR'S PERM. REG. NO. <i>B-164238</i>		DATE <i>8/29/22</i>

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

NAME (Individual, Facility, Establishment, etc.)	Gray's Florist	DATE	8/29/29
MUNICIPALITY	WATCHUNG	TEL., CODE or ID NO.	

ITEM NO.	REMARKS
	No Food prepared on site
	Currently - No longer cutting Fruit use whole Fruit
	Fruit Baskets provided as needed/on demand
	Refrigerator to Temp -
	Fruit Supplied - Super Market - Garguillo's
<del>Issued Satisfactory</del>	

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