



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>Grey's Forest</i>		
NUMBER AND STREET			NUMBER AND STREET <i>65 Hwy 20 East</i>		
COUNTY			MUNICIPALITY/ <i>Loahocky</i>		ZIP CODE
MUNICIPALITY	STATE	COUNTY <i>Somerset</i>	TELEPHONE NO.		
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 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 <i>11-10-21</i>	BEGIN	END	
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. Hlth Comm 111 Green Brook Rd Green Brook NJ</i>			NAME OF INSPECTOR <i>Roby W Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151</i>			TITLE <i>SC REHS</i>		
NAME OF HEALTH OFFICER <i>H.G. Sumner</i>			INSPECTOR'S SIGNATURE <i>Roby W Key</i>		INSPECTOR'S PERM. REG. NO. <i>B-1649</i>
					DATE

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

NAME (Individual, Facility, Establishment, etc.)
Grey's Forest

DATE
11/10/21

MUNICIPALITY
Waltham

TEL., CODE or ID NO.

ITEM NO.

REMARKS

No Food is prepared within establishment. They sell food incidental to their primary business which is a Forest Shop.
- Fruit + pre packaged food is ordered when a basket is needed.

6.7/
6.8

Bathroom needs work.

~~Satisfactory~~

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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