

8/18/21  
**Eviction Notice on Door**



**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 <b>Owner - Allen Lin</b>		ESTABLISHMENT TRADING NAME <b>Hibachi Grill &amp; Supreme Buffet</b>	
NUMBER AND STREET <b>646-641-1659</b>		NUMBER AND STREET <b>1701 US 22</b>	
COUNTY		MUNICIPALITY <b>Watchung</b>	ZIP CODE <b>07069</b>
MUNICIPALITY	STATE	COUNTY	TELEPHONE NO. <b>908-490-1600</b>
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 checked="" type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
	GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)	
		DATE <b>8/23/21</b>	BEGIN  END  
EVALUATION			
<input 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> <b>Middle-Brook Regional Health Commission 111 Greenbrook Road Green Brook, NJ 08812-2501</b>		NAME OF INSPECTOR <b>Shahira Morell</b>	
TELEPHONE NUMBER <b>www.middlebrookhealth.org</b>		TITLE <b>REHS</b>	
NAME OF HEALTH OFFICER <b>Kevin Sumner</b>		INSPECTOR'S SIGNATURE <i>Shahira Morell</i>	
		INSPECTOR'S PERM. REG. NO. <b>B-164238</b>	DATE