



# 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 <i>Owner - Allen Lin</i>		ESTABLISHMENT TRADING NAME <i>Hibachi Grill + Supreme Buffet</i>	
NUMBER AND STREET <i>646-641-1659 cell</i>		NUMBER AND STREET <i>1701 R+ 22W</i>	
COUNTY		MUNICIPALITY <i>Watchung</i>	ZIP CODE <i>07069</i>
MUNICIPALITY	STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>908-490-1600</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 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 <i>8/6/21</i>	BEGIN <i>9:45 am</i>
			END <i>11:45 am</i>

EVALUATION		
<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> CONDITIONALLY SATISFACTORY	<input checked="" type="checkbox"/> UNSATISFACTORY <i>Remains</i>

OFFICIAL(S)		
LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL	
NAME, ADDRESS AND <i>(print)</i>	NAME OF INSPECTOR <i>Shahira Morell</i>	
	TITLE <i>REHS</i>	
TELEPHONE NUMBER <i>732-968-5151</i>	INSPECTOR'S SIGNATURE <i>Shahira Morell</i>	
NAME OF HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B-164238</i>	DATE <i>8/6/21</i>

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

WATCHUNG

NAME (Individual, Facility, Establishment, etc.) <i>Hibachi Grill &amp; Supreme Buffet</i>	DATE <i>8/6/21</i>
MUNICIPALITY <i>WATCHUNG</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>— UNSATISFACTORY still REMAINS —</i>
	<i>Yes there is HOT WATER now!</i>
	<i>— Plumber will fix leaking pipes, change some fixtures in kitchen: 3 compartment sink, hand sink by exit door, sink in Sushi Area.</i>
	<i>→ AND DEAD ROACHES</i>
	<i>LIVE Roaches Present in multiple locations in kitchen</i>
<i>*</i>	<i>NEED Exterminator</i>
	<i>ENSURE All hand sinks Always have soap and paper towels</i>
	<i>— SINK by Hibachi WAS blocked w/ sauces</i>
	<i>— Clear and stock w/ hand washing materials</i>
	<i>Observed lots of Food items UNcovered in multiple refrigeration UNITS</i>
	<i>— ENSURE All Foods are covered to protect from contamination and insects</i>
	<i>Kitchen Counters, Refrigerators, sinks, shelving, stoves need Deep cleaning — Many dead roaches and Food debris present.</i>

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Makin Morell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>X [Signature]</i>
PAGE <i>2</i> OF PAGES	MS-5 10/05 <span style="float:right">H5309</span>

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

NAME (Individual, Facility, Establishment, etc.) Hibachi Grill + Supreme Buffett Watchung		DATE 8/6/21
MUNICIPALITY		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	Clean and sanitize all Food and non food contact surfaces
	- Reviewed Hot + Cold Holding w/owner
	- Hot Food at Buffet should be held at 135°F
	- Cold Foods shall be at <41°F refrigeration temp.
	- ENSURE WALK-IN Refrigerators & Freezers are cleaned, and foods are covered
	- Install a Screen Door in Back door to prevent presence of insects
	* Suggest getting carpets cleaned to Remediate smell
	- Remove Equipment in back of TRASH AREA THAT IS NOT in use/working
	- Between owner + Health Dept we'll contact cooking oil company to remove old / UNUSED TANK in trash Area - 800-825-0630
	- Resurface Employee bathroom walls in need of repairs

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