



## 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>Allen Lin (owner)</i>			ESTABLISHMENT TRADING NAME <i>Hibachi Grill &amp; Supreme Buffet</i>		
NUMBER AND STREET <i>646 641 1659</i>			NUMBER AND STREET <i>1701 US-22</i>		
COUNTY			MUNICIPALITY <i>Wachusett</i>	ZIP CODE <i>07069</i>	
MUNICIPALITY		STATE	COUNTY	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		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION	
1 <input checked="" type="checkbox"/> RETAIL				2 <input checked="" type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
2 <input type="checkbox"/> OTHER <i>(Specify):</i>		GOODS		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		<i>8/9/21</i>	<i>9:30am</i>
				END	
EVALUATION					
<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> <b>CONDITIONALLY SATISFACTORY</b> <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND <i>(print)</i>			NAME OF INSPECTOR		
<i>732-968-5151</i>			<i>Shahira Morell / Nyawa Mansaray</i>		
TELEPHONE NUMBER			TITLE		
<i>732-968-5151 x2</i>			<i>REHS Intern</i>		
NAME OF HEALTH OFFICER			INSPECTOR'S SIGNATURE		DATE
<i>Kevin Sumner</i>			<i>Shahira Morell</i>		<i>8/9/21</i>
			INSPECTOR'S PERM. REG. NO.		
			<i>B-164238</i>		

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

NAME (Individual, Facility, Establishment, etc.) <i>Hibachi Grill</i>		DATE <i>8/9/21</i>
MUNICIPALITY <i>Watchung</i>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>Still Need:</i>
	<i>- Serv Safe Certified person ON-site</i>
	<i>- Screen door for kitchen b/c still presence of insects</i>
	<i>* Always check for dead insects and clean and sanitize surfaces</i>
	<i>Good job cleaning up the place and fixing leaky pipes</i>
	<i>* Remember to keep soap and paper towels at all hand sinks and bathrooms</i>
	<i>* Cover foods in Baine Marie when not in use / prep time. to prevent insects from getting in foods</i>
	<i>ISSUED CONDITIONAL</i>

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