



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	
NUMBER AND STREET		NUMBER AND STREET	
COUNTY		MUNICIPALITY	ZIP CODE
MUNICIPALITY	STATE	COUNTY	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 <i>pc-package</i> 2 <input type="checkbox"/> OTHER <i>(Specify):</i> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	1 <input type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
		TIME - (2400 HOURS)	
		DATE	BEGIN
		6/16/01	
			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> Middle-Brook Regional Health Comm 111 Green Brook Rd Green Brook NJ	NAME OF INSPECTOR Robyn Key
TELEPHONE NUMBER (732) 968-5151 x2	TITLE SC REHS
NAME OF HEALTH OFFICER K.G. Sommer	INSPECTOR'S SIGNATURE
	INSPECTOR'S PERM. REG. NO. DATE B-1649

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

NAME (Individual, Facility, Establishment, etc.) <i>Sharon Home Sense</i>	DATE <i>6/16/21</i>
MUNICIPALITY <i>Watchung</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>Only pre-packaged foods are sold here.</i>
	<i>Product is up to date + properly stored.</i>
	<i>Bathrooms are satisfactory</i>
<i>Satisfactory</i>	

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