



SANITARY INSPECTION REPORT

4/23/21

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>Jack Griffith, Club Pres.</i>			ESTABLISHMENT TRADING NAME <i>Le Shack (Phillips Field)</i>		
NUMBER AND STREET			NUMBER AND STREET <i>Phillips Field</i>		
COUNTY			MUNICIPALITY <i>Wachusett</i>		ZIP CODE
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>		TELEPHONE NO.
ZIP CODE	CO/MUN. CODE <i>(08) 347-5385</i>		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE
<i>John Miller - 732-713-6037</i> INSPECTION <i>SNACK BAR Mgr</i>					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION	
1 <input checked="" type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
2 <input type="checkbox"/> OTHER <i>(Specify):</i>					
3 <input type="checkbox"/>		GOODS		TIME - (2400 HOURS)	
4 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
		2 <input type="checkbox"/> EMBARGOED		<i>4/23/21</i>	
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 Regional Health Comm</i> <i>111 Great Brook Rd</i> <i>Green Brook NJ</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151 x2</i>			TITLE <i>St. BEHS</i>		
NAME OF HEALTH OFFICER <i>K.G. Sumner</i>			INSPECTOR'S SIGNATURE <i>[Signature]</i>		INSPECTOR'S PERM. REG. NO. <i>B-1649</i>
			DATE		

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

NAME (Individual, Facility, Establishment, etc.) <i>Le Shack</i>	DATE <i>4/23/21</i>
MUNICIPALITY <i>WATCHUNG</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>note: Refrigeration units have thermometers, Temps are 41F or below.</i>
	<i>note: Refrigerators are clean.</i>
	<i>note: Storage shack have hot/cold running water. shack is clean</i>
	<i>Bathrooms are clean.</i>
	<i>Satisfactory</i>

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