



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>PIC - Elia V.</i>			ESTABLISHMENT TRADING NAME <i>Marshalls</i>		
NUMBER AND STREET			NUMBER AND STREET <i>1701 US-22</i>		
COUNTY			MUNICIPALITY <i>Watchung</i>	ZIP CODE <i>07060</i>	
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>908-322-4035</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 checked="" 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 <i>2-22-23</i>	BEGIN <i>11:30am</i>
		2 <input type="checkbox"/> EMBARGOED			
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>			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>2-22-23</i>	

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

NAME (Individual, Facility, Establishment, etc.) <i>Marshalls</i>		DATE <i>2-22-23</i>
MUNICIPALITY <i>Watchung</i>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>PIC - Elia V.</i>
	<i>No Foods prepared here only Pre-packaged Foods sold.</i>
	<i>Post Control services by Ehrlich monthly last serviced on Jan. 20, 2023</i>
	<i>Foods stored in bins and shelves 6" OFF FLOOR</i>

ISSUED

SATISFACTORY

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Frank Morell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>Elia V. V.</i>	<i>2/22/23</i>
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