



F-33
Jan. 77

SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION

(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT

PIC - Ryan J.

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME

Marshalls

NUMBER AND STREET

COUNTY

NUMBER AND STREET

COUNTY

Blue Star Shopping Center
1701 US Hgwy 22 W

Somerset

MUNICIPALITY

STATE

MUNICIPALITY

ZIP CODE

TELEPHONE NO.

Watchung

07060

908-322-435

ZIP CODE

COMUN. CODE

ESTABLISHMENT STATE LICENSE NO. (if appl.)

COMUN. CODE

INSPECTION

TYPE OF ESTABLISHMENT

RETAIL

OTHER (Specify)

DESTROYED

EMBARGOED

ESTABLISHMENT CODE

GOODS

INITIAL INSPECTION

REINSPECTION (other than initial inspection)

TIME - (2400 HOURS)

DATE

BEGIN

END

8/6/21

12 pm

1 pm

EVALUATION

SATISFACTORY

CONDITIONALLY SATISFACTORY

UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

732-968-5151

HEALTH OFFICER

Kevin Sumner

INSPECTING OFFICIAL

INSPECTOR'S NAME AND TITLE

Shahira Morell

REHS

INSPECTOR'S SIGNATURE

Shahira Morell

INSPECTOR'S PERM. REG. NO.

B-164238

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

NAME (Individual, Facility, Establishment, etc.) Marshalls	DATE 8/4/21
MUNICIPALITY Watchung	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	PIC - Ryan J.
	No Foods prepared on site
	Pre packaged foods sold Expiration dates are good
	Small Drink Fridge is at proper temperature.
	Products are stored off the floor.
	————— Satisfactory issued —————
	Dumpster Area is in good condition
	(Lots of Spotted Lantern Flies present in Rear of strip mall call 833-4BADBUB to report 833-422-3284

SIGNATURE OF INDIVIDUAL COMPLETING FORM 	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED
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