



# 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 <i>Michaels Craft Store</i>	
NUMBER AND STREET		NUMBER AND STREET <i>River St Shopping Ctr.</i>	
COUNTY		MUNICIPALITY <i>Leeds Ferry</i>	ZIP CODE
MUNICIPALITY	STATE	COUNTY <i>Summers</i>	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 2 <input type="checkbox"/> OTHER <i>(Specify):</i>  3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE	1 <input type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
		GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)
		DATE <i>1/25/22</i>	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> <i>Middle Brook Reg. Health Comm 11 Green Brook Rd Green Brook NJ</i>	NAME OF INSPECTOR <i>Robyn Key</i>
TELEPHONE NUMBER <i>(732) 968-5151 x 2000</i>	TITLE <i>SR. R.E.H.S.</i>
NAME OF HEALTH OFFICER <i>H. G. Smith</i>	INSPECTOR'S SIGNATURE <i>Robyn Key</i>
	INSPECTOR'S PERM. REG. NO. <i>B-1049</i> DATE

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

NAME (Individual, Facility, Establishment, etc.) Michaels Craft Store	DATE 1/25/22
MUNICIPALITY Watchdog	TEL., CODE or ID NO.

ITEM NO.	REMARKS
6.2/6.3	The Floor under the (melting chocolate) <del>was</del> was dirty. The shelving was pulled out and will be cleaned.
6.7	Bathroom Fixtures in the Female Bathroom are in need of cleaning.
NOT	Everything Else is satisfactory.
<del>Satisfactory</del>	

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