



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 PIC-Emma Szulborski			ESTABLISHMENT TRADING NAME Michael's Crafts			
NUMBER AND STREET			NUMBER AND STREET 1701 Rt 22 W			
COUNTY			MUNICIPALITY Watchung		ZIP CODE 07069	
MUNICIPALITY		STATE	COUNTY Somerset		TELEPHONE NO. 908-927-9800	
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)		CO/MUN CODE	
INSPECTION						
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify): 3 <input type="checkbox"/> 4 <input type="checkbox"/>		ESTABLISHMENT CODE GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED		1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION (other than initial inspection)		
				TIME - (2400 HOURS)		
				DATE	BEGIN	END
				10/15/21	10:15 am	11:00 am
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 (print) 732- 968- 5151			NAME OF INSPECTOR Shahira Morell			
			TITLE REHS			
TELEPHONE NUMBER			INSPECTOR'S SIGNATURE Shahira Morell			
NAME OF HEALTH OFFICER Kevin Sumner			INSPECTOR'S PERM. REG. NO. B-164238		DATE 10/15/21	

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

NAME (Individual, Facility, Establishment, etc.) <i>Michael's Crafts</i>		DATE <i>10/15/21</i>
MUNICIPALITY <i>Watchung</i>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	PIC - Emma Szulborski
	There is no food prep done at this facility
	- Pre-packaged foods, candies, chocolates
	- No drinks @ the moment due to delivery issues
	- Vending machines for employees only in break rm
	Marsha's Buckeye Candy expired 8/17/21
	COS - removed from shelf
	Restrooms - Men's good
	* Women's Replace one ceiling tile that is water damaged
	ISSUED
	Satisfactory

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