



# 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 - Carol</i>			ESTABLISHMENT TRADING NAME <i>Old Navy, LLC #5164</i>		
NUMBER AND STREET			NUMBER AND STREET <i>1515 Rt 22 W</i>		
COUNTY		MUNICIPALITY <i>Watchung</i>		ZIP CODE <i>07069</i>	
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>		TELEPHONE NO. <i>908-226-5435</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>		GOODS		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE      BEGIN      END	
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		<i>8/29/22      2:30pm      3:00pm</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>			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>8/29/22</i>

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

NAME (Individual, Facility, Establishment, etc.) <span style="font-size: 1.5em; font-family: cursive;">Old Navy #5164</span>	DATE <span style="font-size: 1.5em; font-family: cursive;">8/29/22</span>
MUNICIPALITY <span style="font-size: 1.5em; font-family: cursive;">WATCHUNG</span>	TEL., CODE of ID NO.

ITEM NO.	REMARKS
	No Food prepared on site Pre-packaged snacks and drinks only
	PIC - Carol
	Pest Control - as needed Serviced
	* Request Pest Control log for tracking service
	Bathrooms are clean some maintenance/Replacement of doors and of toilet seats
	* Repeat *
8:24	Toilet Facilities shall be maintained cleaned and in good repair
	- Candy / Snacks on shelves good Excess Product Stored in Front Area behind cash registers - Drinks stored in Back Room
	- Observed dust accumulation on shelves with snacks for customers to grab -
6.5b	Periodically clean shelves + keep tidy.

SIGNATURE OF INDIVIDUAL COMPLETING FORM <span style="font-size: 1.5em; font-family: cursive;">Phanis Morell</span>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <span style="font-size: 1.5em; font-family: cursive;">[Signature]</span>
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ISSUED SATISFACTORY