



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 - Kat Fitzgerald</i>		ESTABLISHMENT TRADING NAME <i>Old Navy, LLC # 5164</i>	
NUMBER AND STREET		NUMBER AND STREET <i>1515 Rt 22 West</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. (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	1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION (other than initial inspection)	
		TIME - (2400 HOURS)	
GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	DATE		END
	<i>10/15/21</i>		<i>1:45pm</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 (print)		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>10/15/21</i>

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

NAME (Individual, Facility, Establishment, etc.)	Old Navy # 5164	DATE	10/15/21
MUNICIPALITY	Watchung	TEL., CODE or ID NO.	

ITEM NO.	REMARKS
	No Food preparation in this location.
	PIC - Kat Fitzgerald
x	Check expiration dates in candy x M+M's x w/ 9/2021 date observed
	Only pre-packaged items, candy, chips, bottled drinks sold.
	Exterminator/maintenance monthly
	Bathrooms - some damage to doors seen Women's - Sink is "off" the wall not flush
8.24 6.6(h)	Toilet facilities shall be maintained cleaned and in good repair
	Issued Satisfactory

SIGNATURE OF INDIVIDUAL COMPLETING FORM	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED
<i>Shahia Morell</i>	<i>Kat Fitzgerald</i>