



# 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>Park City</i>	
NUMBER AND STREET		NUMBER AND STREET <i>W 5 Hwy 22 East</i>	
COUNTY		MUNICIPALITY <i>WABkey</i>	ZIP CODE
MUNICIPALITY	STATE	COUNTY	TELEPHONE NO. <i>908-510 0671</i>
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>2/10/02</i>	BEGIN  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 111 Greenbrook Rd Green Brook NJ</i>	NAME OF INSPECTOR <i>Robyn Key</i>
TELEPHONE NUMBER <i>732-968-5151 x2</i>	TITLE <i>Sr. Reg. Env. Health Specialist</i>
NAME OF HEALTH OFFICER <i>K. Co. Sumner</i>	INSPECTOR'S SIGNATURE <i>Robyn Key</i>
	INSPECTOR'S PERM. REG. NO. <i>B-1649</i>
	DATE

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

NAME (Individual, Facility, Establishment, etc.) <i>Pacy City</i>	DATE <i>2/10/22</i>
MUNICIPALITY <i>Waltham</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
-	Only prepackaged goods are sold here incidental to the primary business which is a party supply store.
-	All candy + snacks are stored properly
-	Bathrooms are satisfactory
<i>Satisfactory</i>	

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