



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>Party City</i>		
NUMBER AND STREET			NUMBER AND STREET <i>0544 22 EAST</i>		
COUNTY			MUNICIPALITY <i>Woodbury</i>		ZIP CODE
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>		TELEPHONE NO. <i>(908) 510-0671</i>
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if Appl.)		CO/MUN CODE
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION	
1 <input checked="" type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION (other than initial inspection)	
2 <input type="checkbox"/> OTHER (Specify):					
3 <input type="checkbox"/>		GOODS		TIME - (2400 HOURS)	
4 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
		2 <input type="checkbox"/> EMBARGOED		<i>6/10/21</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 (print) <i>Middle Brook Reg. Health Comm</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
<i>111 Green Brook Rd</i>			TITLE <i>SC. R.E.H.S.</i>		
<i>Green Brook NJ</i>			INSPECTOR'S SIGNATURE <i>[Signature]</i>		
TELEPHONE NUMBER <i>(732) 968-151 x 2</i>			INSPECTOR'S PERM. REG. NO. <i>B-1649</i>		DATE
NAME OF HEALTH OFFICER <i>K. G. Summers</i>					

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

NAME (Individual, Facility, Establishment, etc.) <i>Party City</i>		DATE <i>6/10/21</i>
MUNICIPALITY <i>Watchung</i>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>No food prep. At this establishment. Pre-packaged Food (Candy) is sold in a department of their primary business. which is a Party Supplier.</i>
	<i>No violations noted.</i>
	<i>Satisfactory</i>

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