



4/20/22

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>Playa Bowl</i>	
NUMBER AND STREET		NUMBER AND STREET <i>Sambiset St.</i>	
COUNTY		MUNICIPALITY <i>Lehigh</i>	ZIP CODE
MUNICIPALITY	STATE	COUNTY	TELEPHONE NO.
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>	
		TIME - (2400 HOURS)	
	GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	DATE <i>4/20/22</i>	BEGIN

EVALUATION		
<input type="checkbox"/> SATISFACTORY	<input checked="" type="checkbox"/> CONDITIONALLY SATISFACTORY	<input type="checkbox"/> UNSATISFACTORY

OFFICIAL(S)	
LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND <i>(print)</i> <i>Res Comm</i> <i>Middle-Brook Twp Hll</i> <i>111 Green Brook Rd</i> <i>Green Brook NJ</i>	NAME OF INSPECTOR <i>Ruby Kef</i>
TELEPHONE NUMBER <i>(732) 968-5151</i>	TITLE <i>Sr. REHS</i>
NAME OF HEALTH OFFICER <i>H.G. Sumner</i>	INSPECTOR'S SIGNATURE <i>Ruby Kef</i>
	INSPECTOR'S PERM. REG. NO. <i>B-1699</i>
	DATE

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

NAME (Individual, Facility, Establishment, etc.) <i>Playa Bowl</i>	DATE <i>4/20/22</i>
MUNICIPALITY <i>Wichita</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>Rear Kitchen Area -</i>
<i>6.2</i>	<i>Freezer - The paint on the Freezer wall is peeling and there is debris and an accumulation of ice from freezer condensation on the floor.</i>
<i>3.3</i>	<i>The Refrigerator temperature was 45°F. It should be < 41°F</i>
	<i>Front Under Counter Area</i>
<i>3.3</i>	<i>- The Freezer cabinet is between 22-30°F</i>
<i>3.3</i>	<i>The Del Box near the cash register is 47°F</i>
	<i>Bathroom is satisfactory</i>
<i>Auditor</i>	

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