



# 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>Lenny Calvo</i>			ESTABLISHMENT TRADING NAME <i>Playa Pool</i>		
NUMBER AND STREET <i>Sage Dr</i>			NUMBER AND STREET <i>708-710 Somerset</i>		
COUNTY <i>Warren</i>			MUNICIPALITY <i>Watchung</i>		ZIP CODE
MUNICIPALITY <i>Warren</i>		STATE <i>NJ</i>	COUNTY <i>Somerset</i>	TELEPHONE NO.	
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE	
<b>INSPECTION</b>					
TYPE OF ESTABLISHMENT <i>Emergency 201 988</i>		ESTABLISHMENT CODE <i>8806</i>		1 <input type="checkbox"/> INITIAL INSPECTION	
1 <input 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 <i>6/2/11</i>	BEGIN
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED			END
<b>EVALUATION</b>					
<input checked="" type="checkbox"/> <del>SATISFACTORY</del> <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <i>pre-operation - not ready for final inspection</i>					
<b>OFFICIAL(S)</b>					
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND <i>(print)</i> <i>Middle-Branch Reg. Health Comm. 111 Green Brook Rd. Green Brook NJ</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151 x2</i>			TITLE <i>S. R. E. H. S.</i>		
NAME OF HEALTH OFFICER <i>K. G. Somner</i>			INSPECTOR'S PERM. REG. NO. <i>B-1649</i>		DATE

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

NAME (Individual, Facility, Establishment, etc.) <i>Haya Bowl</i>		DATE <i>6/23/21</i>
MUNICIPALITY <i>Watbury</i>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
<i>33/34</i>	<i>A walk in Box was installed. After the approval of the original Floor plan. The Box is still under construction. There is no shelving. It is not hooked up to electricity.</i>
<i>6.2.</i>	<i>The Refrigeration units all need thermostats. All equipment must be installed as if ready to open.</i>
<i>6/23/21</i>	<i>R.G. called Lenny Calvo and requested he resubmit a new set of floor plans which includes the walk-in box.</i>

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