



SANITARY INSPECTION REPORT

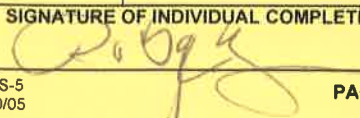
IDENTIFICATION					
OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>			ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME <i>Phyla Bowls</i>		
NUMBER AND STREET			NUMBER AND STREET <i>Trialle Mall Somerset St</i>		
COUNTY			MUNICIPALITY <i>Watchung</i>		ZIP CODE
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>		TELEPHONE NO.
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input checked="" type="checkbox"/> INITIAL INSPECTION	
1 <input checked="" type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
2 <input type="checkbox"/> OTHER <i>(Specify):</i>					
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>10/5/21</i>	<i>10:15 HR</i>
					<i>10:48 HR</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 <i>(print)</i> <i>Middle-Brook Regional Health Comm 111 Green Brook Rd Green Brook NJ</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151</i>			TITLE <i>SP. REHS</i>		
NAME OF HEALTH OFFICER <i>H.G. Sumner</i>			INSPECTOR'S SIGNATURE <i>Robyn Key</i>		INSPECTOR'S PERM. REG. NO. DATE <i>B-1649</i>

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

1

NAME (Individual, Facility, Establishment, etc.) Dukin Donuts, (Triauglemall) - Somast		DATE 01/15/21
MUNICIPALITY WATONG	TEL., CODE or ID NO.	

ITEM NO.	REMARKS
	OK. Refrigeration Units - Satisfactory
Corrected	(C.O.S.) H.W. Sink in front of ice cream was obstructed from use.
	OK No direct hand contact noted for Ready to eat foods.
	- Bathrooms are in satisfactory condition.
Good	Area Behind counter Counter is clean.
Note:	* One Employee appeared to be unwell.
2.2	IF Employee has a GI illness, they should be assigned a duty away from food of sent home.
	X Sick Employee sent home.

SIGNATURE OF INDIVIDUAL COMPLETING FORM 	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED X. Ukay Tapia
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