



SANITARY INSPECTION REPORT

Bairley

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>Village Super Market</i>			ESTABLISHMENT TRADING NAME <i>Shop Rite</i>		
NUMBER AND STREET <i>D...</i>			NUMBER AND STREET <i>Blue Star Shopping</i>		
COUNTY <i>S...</i>			MUNICIPALITY <i>Watchung</i>	ZIP CODE	
MUNICIPALITY <i>...</i>	STATE <i>...</i>	COUNTY <i>Somerset</i>	TELEPHONE NO.		
ZIP CODE <i>...</i>	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl.)	CO/MUN CODE		
INSPECTION					
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify): 3 <input type="checkbox"/> 4 <input type="checkbox"/> <i>Large Store</i>	ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION (other than initial inspection)		
	GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED		TIME - (2400 HOURS)		
			DATE <i>3/8/22</i>	BEGIN <i>10:30 AM</i>	END <i>11:30 AM</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 (print) <i>Middle-Brook Reg Health Comm 111 Green Brook Rd Green Brook NJ 08812</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151 x2</i>			TITLE <i>Sr. R.E.H.s</i>		
NAME OF HEALTH OFFICER <i>K. G. 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>Shop Rite</i>	DATE <i>2-18/22</i>
MUNICIPALITY <i>Watchy</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
OK	<ul style="list-style-type: none"> - All Temperatures are Satisfactory - Food is protected from contamination - No direct hand contact with food.
-	<ul style="list-style-type: none"> - Deli meat temp below 41°F. - Sanitizing towels are used to clean meat slices @ hour.
*	<ul style="list-style-type: none"> - Hand washing noted. - Deli Display - 41°F.
-	<ul style="list-style-type: none"> - Fish Department - - Shellfish tags are saved @ 90 Day + or daily. - Seafood is on ice. - No Fishy odor. - Large Storage Box - 41°F.
OK	<ul style="list-style-type: none"> - Fresh seafood on display is up to date. - Male Customer Bathroom - Satisfactory. - Produce prep area - Satisfactory. - Female Guest Bathroom - Satisfactory.
-	<ul style="list-style-type: none"> - Meats display case. - Satisfactory Temp. - Dates Satisfactory.
-	<ul style="list-style-type: none"> - Rear storage Satisfactory.

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Cubby</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED
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CONTINUATION SHEET
(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.) <i>Shop Rite</i>		DATE <i>3/8/22</i>
MUNICIPALITY <i>Leitchburg</i>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
5.2	Frozen foods - Some Condensers leak up under freezer SNACK Section -
6.2	Candy aisle - satisfactory - no sign of mouse infestation.
<i>Satisfactory</i>	

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