



F-33  
Jan. 77

### SANITARY INSPECTION REPORT

#### IDENTIFICATION

##### OWNER INFORMATION

*(Complete this section only if different from establishment information)*

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT

Village Super Market

NUMBER AND STREET

COUNTY

PIC - Eloy Pineiro, manager

MUNICIPALITY

STATE

ZIP CODE

COMUN. CODE

##### ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME

Shop Rite

Somerset Co.

NUMBER AND STREET

COUNTY

1701-20 Rt 22 W - Blue Star Shopping Center

MUNICIPALITY

ZIP CODE

TELEPHONE NO.

Watchung

07069

908-233-6410

ESTABLISHMENT STATE LICENSE NO. (if appl.)

COMUN. CODE

#### INSPECTION

TYPE OF ESTABLISHMENT

ESTABLISHMENT CODE

RETAIL

OTHER (Specify)

GOODS

DESTROYED

EMBARGOED

INITIAL INSPECTION

REINSPECTION (other than initial inspection)

TIME - (2400 HOURS)

DATE

BEGIN

END

8/2/21

11AM

1:25pm

#### EVALUATION

SATISFACTORY

CONDITIONALLY SATISFACTORY

UNSATISFACTORY

#### OFFICIAL(S)

LOCAL BOARD OF HEALTH

INSPECTING OFFICIAL

NAME, ADDRESS AND TELEPHONE NUMBER (print)

INSPECTOR'S NAME AND TITLE

732-968-5151

Shahira Morell

HEALTH OFFICER

Kevin Sumner

REHS

INSPECTOR'S SIGNATURE

Shahira Morell

INSPECTOR'S PERM. REG. NO.

B-164238

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

|  |  |
|--|--|
| NAME (Individual, Facility, Establishment, etc.)<br><b>Shop Rite</b> | DATE<br><b>8/2/21</b>                      |
| MUNICIPALITY<br><b>Watchung</b>                                      | TEL., CODE & ID NO.<br><b>908-233-6410</b> |

| ITEM NO. | REMARKS   |
|----------|---|
|          | PIC - Eloy Pineiro, Manager   |
|          | Pest Control by Alliance last service on 7/29   |
|          | * email ServSAFE / Food SAFETY Certificates to: RKey@middlebrookhealth.org                                      |
|          | Bakery - <del>Serv Safe</del> National Registry of Food Safety Professionals<br>Jimmy Lee exp. 5/16/23          |
|          | - Replace damaged / stained ceiling tiles   |
|          | - Sweep floor as needed in <sup>small</sup> storage room  |
|          | Deli - Need to post Employee Wash hand signs @<br>Hand sinks  |
|          | - Fish tags are kept  |
|          | - Food temp logs are kept   |
|          | Employee Women's Bathroom - Repair door hardware<br>locking mechanism damaged / loose                           |
|          | Back Storage Rm -<br>8:24-6.5 Maintenance tools such as brooms and mops<br>shall be stored in an orderly manner |
|          | - Physical facilities shall be maintained in good repair  |
|          | <b>— SATISFACTORY ISSUED —</b>  |

|   |   |
|---|---|
| SIGNATURE OF INDIVIDUAL COMPLETING FORM<br><i>Shahin Horell</i> | SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED<br><i>Eloy Pineiro</i> |
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