



## 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		
NUMBER AND STREET			NUMBER AND STREET		
COUNTY			MUNICIPALITY		ZIP CODE
MUNICIPALITY		STATE	COUNTY		TELEPHONE NO.
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)		CO/MUN CODE
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION	
1 <input checked="" type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION (other than initial inspection)	
2 <input type="checkbox"/> OTHER (Specify):					
3 <input type="checkbox"/>		GOODS		TIME - (2400 HOURS)	
4 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
		2 <input type="checkbox"/> EMBARGOED		6/16/21	END
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)			NAME OF INSPECTOR		
Middle-Brook Reg. Health Comm			Robyn Key		
111 Green Brook Rd			TITLE		
Green Brook NJ			Sr. REHS		
TELEPHONE NUMBER			INSPECTOR'S SIGNATURE		
732-968-5151 x 2					
NAME OF HEALTH OFFICER			INSPECTOR'S PERM. REG. NO.		DATE
K.G. Sumner			B-1649		

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

NAME (Individual, Facility, Establishment, etc.) \_\_\_\_\_ DATE \_\_\_\_\_

MUNICIPALITY Sierra \_\_\_\_\_ TEL., CODE or ID NO. 6/16/21

Wash \_\_\_\_\_

ITEM NO.	REMARKS
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only pre-packaged is sold here.

All items appear to be up to date + stored properly  
Bathrooms are satisfactory

SIGNATURE OF INDIVIDUAL COMPLETING FORM \_\_\_\_\_

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED \_\_\_\_\_