



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>Speedy Mart</i>		
NUMBER AND STREET			NUMBER AND STREET <i>Johnston Dr</i>		
COUNTY			MUNICIPALITY <i>Warburg</i>		ZIP CODE
MUNICIPALITY		STATE	COUNTY <i>Somerville</i>		TELEPHONE NO. <i>908 756-7392</i>
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)		CO/MUN CODE
<i>(732) 902-4299 - Emergency</i>					
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION	
<input checked="" type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION (other than initial inspection)	
<input checked="" type="checkbox"/> OTHER (Specify):		GOODS		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		<i>4/20/02</i>	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) <i>Middle-Brook Reg. Health Comm 111 Greenbriar Rd Green Brook NJ</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151 x2</i>			TITLE <i>SR, REHS</i>		
NAME OF HEALTH OFFICER <i>K.G. Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B-1649</i>		INSPECTOR'S SIGNATURE
			DATE		

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

NAME (Individual, Facility, Establishment, etc.) <i>Speedy Mart</i>	DATE <i>4/20/22</i>
MUNICIPALITY	TEL., CODE or ID NO.

ITEM NO.	REMARKS
<i>Sat</i>	<i>Del. Box 42°F</i>
<i>Sat</i>	<i>Del. Display Case 41°F</i>
<i>6.7 (cos)</i>	<i>Hand Washing Sink - no paper towels. - Corrected on site</i>
<i>SAT</i>	<i>Bulk Milk Storage 41°F + Dairy product is up to date</i>
<i>↓</i>	<i>Milk is up to date.</i>
<i>↓</i>	<i>Dairy Box is clean</i>
<i>6.6</i>	<i>Bathroom Sink - Dirty</i>
<i>6.6</i>	<i>Bathroom Fixtures - Dirty.</i>
<i>↓</i>	<i>Dumpster Area - Sooty factory.</i>
<i>Sooty factory</i>	

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