



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 <i>Pic - Fravine</i>			ESTABLISHMENT TRADING NAME <i>Speedy Mart</i>		
NUMBER AND STREET			NUMBER AND STREET <i>17 Johnston Dr</i>		
COUNTY			MUNICIPALITY <i>Watchung</i>		ZIP CODE <i>07069</i>
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>2-8-23</i>	<i>8:45am</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>			NAME OF INSPECTOR <i>Shahira Morell</i>		
			TITLE <i>REHS</i>		
TELEPHONE NUMBER <i>732-968-5151</i>			INSPECTOR'S SIGNATURE <i>Shahira Morell</i>		
NAME OF HEALTH OFFICER <i>Kevin Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B-164238</i>		DATE <i>2-8-23</i>

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

NAME (Individual, Facility, Establishment, etc.) <i>Speedy Mart</i>	DATE <i>2-8-23</i>
MUNICIPALITY <i>Watchung</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>NJAC 8:24</i>
<i>PIC - Pravine</i>	<i>pest control service by Harris Exterminating Service monthly</i>
	<i>- Bathroom - observed no soap or paper towels and sink slightly soiled</i>
<i>6.7i, j</i>	<i>Ensure bathroom is stocked with soap + paper towels and should be maintained clean</i>
	<i>- Refrigeration Temps Good</i>
<i>4.2c</i>	<i>provide thermometer inside fridge by coffee station</i>
	<i>Reminder to wash hands prior to putting on gloves</i>
	<i>- Cold sandwiches sold</i>
<i>3.3g</i>	<i>Reminder to store Foods 6" OFF Floor.</i>
	<i>Post placard visible for customer view</i>
	ISSUED
	SATISFACTORY

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