



## SANITARY INSPECTION REPORT

IDENTIFICATION					
<b>OWNER INFORMATION</b> <i>(Complete this section only if different from establishment information)</i>			<b>ESTABLISHMENT INFORMATION</b>		
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"/> OTHER (Specify): <i>Gallow of skin</i> 3 <input type="checkbox"/> <i>Mikewas</i> 4 <input type="checkbox"/> <i>Disposed of</i>		GOODS		2 <input type="checkbox"/> REINSPECTION (other than initial inspection)	
		1 <input type="checkbox"/> DESTROYED		TIME - (2400 HOURS)	
		2 <input type="checkbox"/> EMBARGOED		DATE	BEGIN
				<i>7/27/21</i>	<i>1430 HRS</i>
				END	<i>1450 HRS</i>
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>		
NAME, ADDRESS AND (print)			NAME OF INSPECTOR		
<i>Middle-Brook Reg. Health Comm.</i>			<i>Robert Ed.</i>		
<i>111 Green Brook Rd</i>			TITLE		
<i>Green Brook NJ</i>			<i>SR. REHS.</i>		
TELEPHONE NUMBER			INSPECTOR'S SIGNATURE		
<i>(732) 968-5151 x2</i>			<i>[Signature]</i>		
NAME OF HEALTH OFFICER			INSPECTOR'S PERM. REG. NO.		DATE
<i>K.G. Sumner</i>			<i>B-1649</i>		

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

NAME (Individual, Facility, Establishment, etc.) <b>Speedy Mart</b>	DATE <b>7/27/21</b>
MUNICIPALITY <b>Worthington</b>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	OK Baine Marie - (Del. Box) 42°F
	OK Del. Display Case - 42°F
6.9	Hand washing sink should only be used for hand washing.
3.6	Out dated gallon of Skim milk was in the milk <del>at</del> coffee display area.
	OK Walk in Refrigerator is 37°F
5.2	The Bathroom hand washing sink - no hand towels and the Hand Sink is leaking. * Wash hands before putting on gloves & preparing food.
7.1	Pest Control - is being conducted without having a Pesticide License
3.3	Preparation of a ready to eat food product without wearing gloves.
3.9/3.4	Burger + cream cheese should be in the Refrigerator
	C.O.S. Sanitizer is not being currently being used to clean food contact surfaces

SIGNATURE OF INDIVIDUAL COMPLETING FORM 	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED 
PAGE	OF PAGES
<b>GIRISH</b>	