



# 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 - David Scully</i>			ESTABLISHMENT TRADING NAME <i>Staples</i>		
NUMBER AND STREET			NUMBER AND STREET <i>1515 US 22</i>		
COUNTY		MUNICIPALITY		ZIP CODE	
		<i>Watchung</i>		<i>07069</i>	
MUNICIPALITY		STATE	COUNTY		TELEPHONE NO.
			<i>Somerset</i>		<i>908-222-9402</i>
ZIP CODE		CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl.)		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 (other than initial inspection)	
2 <input type="checkbox"/> OTHER (Specify):		GOODS		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE      BEGIN      END	
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		<i>12:30</i> _____ <i>1pm</i>	
				<i>9/19/22</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 (print) <i>Middle-Brook Regional Health Commission 111 Greenbrook Rd Green Brook, NJ 08812</i>			NAME OF INSPECTOR <i>Shahira Morell</i>		
TELEPHONE NUMBER <i>732-968-5151</i>			TITLE <i>REHS</i>		
NAME OF HEALTH OFFICER <i>Kevin Sumner</i>			INSPECTOR'S SIGNATURE <i>Shahira Morell</i>		DATE <i>9/19/22</i>
			INSPECTOR'S PERM. REG. NO. <i>B-164238</i>		

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

NAME (Individual, Facility, Establishment, etc.)		DATE
Staples		9/19/22
MUNICIPALITY		TEL., CODE or ID NO.
Watchung		

ITEM NO.	REMARKS
	PIC - David Scully
	No Food Prep is done at establishment only pre-packaged items are sold: candies, soda, water
	Observed Restrooms soiled.
	→ Clean Restrooms more frequently and maintain stocked w/ soap and paper towels.
	[ Pest Control is used as needed. Call Home office to schedule service
	- Small inventory of products - drinks, candies in back room and top/mid stock
	<del>Issued Satisfactory</del>

SIGNATURE OF INDIVIDUAL COMPLETING FORM	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED		
<i>Shah Morell</i>	<i>D. Scully</i>		
PAGE	OF	PAGES	H5309