



## SANITARY INSPECTION REPORT

| IDENTIFICATION  |              |   |   |  |                                  |               |
|---|--------------|---|---|--|----------------------------------|---------------|
| OWNER INFORMATION<br><i>(Complete this section only if different from establishment information)</i>  |              |   | ESTABLISHMENT INFORMATION                         |  |                                  |               |
| NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT<br><i>PIC - Ayden Guzman</i>  |              |   | ESTABLISHMENT TRADING NAME<br><i>Staples</i>      |  |                                  |               |
| NUMBER AND STREET   |              |   | NUMBER AND STREET<br><i>1515 Rt 22 West</i>       |  |                                  |               |
| COUNTY  |              | MUNICIPALITY<br><i>Watchung</i>   |   | ZIP CODE<br><i>07069</i>   |                                  |               |
| MUNICIPALITY  |              | STATE   | COUNTY<br><i>Somerset</i>                         |  | TELEPHONE NO.<br><i>908-222-</i> |               |
| ZIP CODE  | CO/MUN. CODE |   | ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i> |  | CO/MUN CODE<br><i>9402</i>       |               |
| INSPECTION  |              |   |   |  |                                  |               |
| TYPE OF ESTABLISHMENT<br>1 <input checked="" type="checkbox"/> RETAIL<br>2 <input type="checkbox"/> OTHER <i>(Specify):</i><br><br>3 <input type="checkbox"/><br>4 <input type="checkbox"/> |              | ESTABLISHMENT CODE  |   | 1 <input checked="" type="checkbox"/> INITIAL INSPECTION<br>2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i> |                                  |               |
|   |              | GOODS<br>1 <input type="checkbox"/> DESTROYED<br>2 <input type="checkbox"/> EMBARGOED |   | TIME - (2400 HOURS)  |                                  |               |
|   |              |   |   | DATE   | BEGIN                            | END           |
|   |              |   |   | <i>10/15/21</i>  | <i>1:00pm</i>                    | <i>1:00pm</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<br><i>Shahira Morell</i>        |  |                                  |               |
|   |              |   | TITLE<br><i>REHS</i>                              |  |                                  |               |
| TELEPHONE NUMBER<br><i>732-968-5151</i>   |              |   | INSPECTOR'S SIGNATURE<br><i>Shahira Morell</i>    |  |                                  |               |
| NAME OF HEALTH OFFICER<br><i>Kevin Sumner</i>   |              |   | INSPECTOR'S PERM. REG. NO.<br><i>B-164238</i>     | DATE<br><i>10/15/21</i>  |                                  |               |

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

|  |   |
|--|---|
| NAME (Individual, Facility, Establishment, etc.)<br><span style="font-size: 2em; margin-left: 200px;">Staples</span> | DATE<br><span style="font-size: 1.5em;">10/15/21</span> |
| MUNICIPALITY<br><span style="font-size: 1.5em;">Watchung</span>  | TEL., CODE or ID NO.                                    |

| ITEM NO. | REMARKS |
|----------|---------|
|----------|---------|

No food prep is done at this location.

PIC - Ayden Guzman

Pre-packaged candy, Chocolates, cookies, coffee etc.

Expired Item Removed - Hershey's Nuggets - Dec 2020

Note \*Check expiration dates

Note Bathrooms should be maintained more often throughout the week:

- 8:24 - Men's - Needs T. Paper, Soap, paper towels
- 6:6h - Womens - need T.P handicap stall

Bathrooms shall be free of objectionable odors, kept in a clean condition and in good repair  
\*Already explained to staff member what needs to be done

Issued  
Satisfactory

|   |  |
|---|--|
| SIGNATURE OF INDIVIDUAL COMPLETING FORM<br> | SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED<br> |
| PAGE OF PAGES                               | H5309  |