



SANITARY INSPECTION REPORT

11/1

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 Star Bucks (Target)	
NUMBER AND STREET		NUMBER AND STREET Windsor Square Mall 1515 US Hwy 22 W	
COUNTY		MUNICIPALITY Windsor	ZIP CODE
MUNICIPALITY	STATE	COUNTY Somerset	TELEPHONE NO. 908-769-8699
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl.)	CO/MUN CODE

INSPECTION			
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify): 3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE	1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION (other than initial inspection)	
		GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)
	DATE 8/17/22		BEGIN

EVALUATION		
<input checked="" type="checkbox"/> SATISFACTORY	<input type="checkbox"/> CONDITIONALLY SATISFACTORY	<input type="checkbox"/> UNSATISFACTORY

Permutation - pre-op inspecting

LOCAL BOARD OF HEALTH		INSPECTING OFFICIAL	
NAME, ADDRESS AND (print) Middle-Brock Regional Health Center 111 Green Brook Rd. Green Brook NJ		NAME OF INSPECTOR Robyn Kay	
TELEPHONE NUMBER (732) 968-5151		TITLE S. R. E. H. S.	
NAME OF HEALTH OFFICER K. G. Sumner		INSPECTOR'S SIGNATURE Robyn Kay	INSPECTOR'S PERM. REG. NO. B-1649
		DATE	

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

NAME (Individual, Facility, Establishment, etc.) <i>Star Buicks</i>	DATE <i>8/17/22</i>
MUNICIPALITY <i>Waukegan</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
5.2 <i>(Corrected) (COS)</i>	<p>Low water pressure in one of the front counter water faucets.</p> <p>- Refrigeration temperatures in the front counter are satisfactory.</p> <p>Rear kitchen area - Refrigeration temperatures + freezer temps are satisfactory.</p>
6.2 <i>(Corrected) (COS)</i>	<p>Rear storage - (coffee beans) - No floor + wall juncture molding and there is a space in the sheet rock which can allow access to insects + rodents.</p> <p><i>(Note)</i> - this room will NOT be used for the storage of coffee beans + dry goods only for cleaning equipment.</p>
4.6	Ice machine must be sanitized before using.
6.7	Hand sink in rear needs to be cleaned + sanitized.

Bianca Banks

Plaza Const.
Robert Kurecinski

Robert Kurecinski

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