



## SANITARY INSPECTION REPORT

IDENTIFICATION						
OWNER INFORMATION <small>(Complete this section only if different from establishment information)</small>			ESTABLISHMENT INFORMATION			
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <i>Crab Avenue Inc LLC</i>			ESTABLISHMENT TRADING NAME <i>SUNOCO MART</i>			
NUMBER AND STREET <i>24 Remar Ave.</i>			NUMBER AND STREET <i>58. Shirley Rd.</i>			
COUNTY <i>Union County</i>			MUNICIPALITY <i>Leedsburg</i>		ZIP CODE	
MUNICIPALITY <i>Springfield Area</i>		STATE <i>NT</i>	COUNTY		TELEPHONE NO. <i>908 666-2547</i>	
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)		CO/MUN CODE	
<b>INSPECTION</b>						
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 <i>2547</i>		1 <input 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	BEGIN	END
				<i>8/18/21 1000 HRS 10:25 hrs</i>		
<b>EVALUATION</b>						
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY						
<b>OFFICIAL(S)</b>						
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>			
NAME, ADDRESS AND (print) <i>Middle-Brook Reg. Health Com 111 Green Brook Rd Green Brook NJ</i>			NAME OF INSPECTOR <i>Robyn Kig</i>			
TELEPHONE NUMBER <i>(732) 968-5151</i>			TITLE <i>Sr. REHS.</i>			
NAME OF HEALTH OFFICER <i>V.G. Sumner</i>			INSPECTOR'S SIGNATURE <i>Robyn</i>		INSPECTOR'S PERM. REG. NO. DATE	
			<i>B-1649</i>			

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

NAME (Individual, Facility, Establishment, etc.)

DATE

MUNICIPALITY

TEL., CODE or ID NO.

ITEM NO.

REMARKS

OK. Refrigeration temperatures for walk in Refrigerator Satisfactory.

OK Freezer. Everything is hard frozen.

6.9. Hand sink Beside 3 Compartment Sink is obstructed use.

note. Bathroom is satisfactory.

*Satisfactory*

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED