



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 - John Lang</i>			ESTABLISHMENT TRADING NAME <i>Super Stop & Shop</i>		
NUMBER AND STREET			NUMBER AND STREET <i>1511 Rt 22 W</i>		
COUNTY			MUNICIPALITY <i>Watchung</i>		ZIP CODE <i>07069</i>
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>		TELEPHONE NO. <i>908-754-6691</i>
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		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 <i>(other than initial inspection)</i>	
2 <input type="checkbox"/> OTHER <i>(Specify):</i>					
3 <input type="checkbox"/>		GOODS		TIME - (2400 HOURS)	
4 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
		2 <input type="checkbox"/> EMBARGOED		<i>11/8/21</i>	<i>10:30am</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 <i>Shahira Morell</i>		
			TITLE <i>REHS</i>		
TELEPHONE NUMBER <i>732-968-5151</i>			INSPECTOR'S SIGNATURE <i>Shahira Morell</i>		
NAME OF HEALTH OFFICER <i>Kerin Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B-164738</i>		DATE <i>11/8/21</i>

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

NAME (Individual, Facility, Establishment, etc.)	Super Stop+ Shop	DATE	11/8/21
MUNICIPALITY	Watchung	TEL., CODE or ID NO.	

ITEM NO.	REMARKS
	PIC - John Lang
	Refrigeration Temps were good * suggest getting new/different thermometers b/c the temps on gauges were off ex. @ String Cheese area temp on gauge was showing 52°F BUT temp was at < 41°F
	Bakery Area - Hand sinks did not have HOT water - Hand sink by prep station leaking by Foot pedal - Ceiling Tile needs to be replaced
	Deli - Hand Sink by Cheese Slicer did not have hot water
	* ENSURE HOT Holding is at 135°F or above - Wing Bar ENSURE Foods get mixed/turned OFTEN to make sure temp is distributed evenly.
	- Chicken/Fried - ENSURE HOT Hold at 135°F or above
	Back - Veggie/Fruit - Small Fruit Prep area Hand sink has no hot water
	* OVERALL - Ensure there is a trash can at Hand sinks

SIGNATURE OF INDIVIDUAL COMPLETING FORM	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED
<i>Shahua Morell</i>	<i>John Lang</i>
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(for Inspections, Surveys, Audits, etc.)

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ITEM NO.	REMARKS
8:24-6.7 (1)	hand sinks shall be provided with waste receptacles
8:24-6.7 (g)	All hand facilities shall be kept clean and in good repair
8:24-6.5 (a)	Physical facilities shall be cleaned as often maintained in good repair
8:24-3.3 g	Food storage shall be 6" off the floor
	Observed milk in crates stored on floor
	Exterminator monthly - Assured Environments Pest Management
	Serv Safe * email certification
	ISSUED satisfactory

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