



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 - Christina West</i>		ESTABLISHMENT TRADING NAME <i>T.G.I. Friday's</i>	
NUMBER AND STREET		NUMBER AND STREET <i>1701 Us 22 West</i>	
COUNTY		MUNICIPALITY <i>Watchung</i>	ZIP CODE <i>07069</i>
MUNICIPALITY	STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>908-322-2376</i>
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>	CO/MUN CODE

INSPECTION			
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER <i>(Specify):</i> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE	1 <input type="checkbox"/> INITIAL INSPECTION 2 <input checked="" type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
	GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)	
		DATE <i>10/15/21</i>	BEGIN <i>11:00am</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>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B-1164238</i>	DATE <i>10/15/21</i>

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

NAME (Individual, Facility, Establishment, etc.) TGIF		DATE 10/15/21
MUNICIPALITY Watchung		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	Many remediations are complete and some in process
✓	Thermometers
✓	Bathrooms
	Dumpsters * Remove thick substance * Possibly attracting Flies
	Bonie Marie * Cover * Temps should be $\leq 41^{\circ}F$
	Dishwasher - process of adding booster for sanitizer
	Hand Sink - ordered faucet Hardware
✓	Walk-ins -

———— ISSUED —————
Satisfactory

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