



# 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-Brook</i>			ESTABLISHMENT TRADING NAME <i>Target</i>		
NUMBER AND STREET			NUMBER AND STREET <i>1515 US-22</i>		
COUNTY		MUNICIPALITY <i>Watchung</i>		ZIP CODE <i>07069</i>	
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>		TELEPHONE NO. <i>908-769-8699</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>		GOODS		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE      BEGIN      END	
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		<i>10/28/21    11:45</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-164238</i>		DATE <i>10/28/21</i>

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

NAME (Individual, Facility, Establishment, etc.) <u>Target</u>		DATE <u>10/28/21</u>
MUNICIPALITY <u>Watchung</u>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	P/C - Brook
	- Refrigeration and Freezers good temp. - Walk in Temps good
	Observed Produce Walk-in w/ a couple boxes on Floor.
	* Remember to Store Foods 6" OFF the F/
	Baby Formula Dates Good
	————— issued ————— Satisfactory
	Pest Control Used - Copesan Last serviced 10/7/21

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