



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			ESTABLISHMENT TRADING NAME		
NUMBER AND STREET			NUMBER AND STREET		
COUNTY			MUNICIPALITY		ZIP CODE
MUNICIPALITY		STATE	COUNTY		TELEPHONE NO.
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input 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
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		11/10/21	11:00 Hrs
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		
Middle-Brook Reg Hea Hh Comm			Robby Key		
111 Greenbrook J rd			TITLE		
Greenbrook NJ			Sr. R.E.H.S.		
TELEPHONE NUMBER			INSPECTOR'S SIGNATURE		
(732) 968-5151			<i>(Signature)</i>		
NAME OF HEALTH OFFICER			INSPECTOR'S PERM. REG. NO.		DATE
K. G. Smer			B-1649		

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

NAME (Individual, Facility, Establishment, etc.) <i>Vitamin Shoppe</i>		DATE <i>11/10/21</i>
MUNICIPALITY <i>Waltham</i>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>This establishment does not prepare food but sells pre-packaged food incidental to their primary business. A vitamin store.</i>
	<i>- All food appears to be up to date + stored properly.</i>
	<i>- Rotation is satisfactory</i>
	<i>Satisfactory</i>

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