



# 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>Wahky Board of Ed.</i>			ESTABLISHMENT TRADING NAME <i>Valley View School</i>		
NUMBER AND STREET			NUMBER AND STREET		
COUNTY			MUNICIPALITY <i>Wahky NJ</i>		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 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>10/11/01</i>	<i>10:20 HRS</i>
					<i>10:40 HRS</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>Middle-Brow Regional Health Care 111 Green Brook Rd Green Brook NJ</i>			<i>Robyn Ky</i>		
TELEPHONE NUMBER			TITLE		
<i>(732) 968-5151</i>			<i>Sr. REHS</i>		
NAME OF HEALTH OFFICER			INSPECTOR'S SIGNATURE		DATE
<i>K. G. Sumner</i>			<i>Robyn Ky</i>		
			INSPECTOR'S PERM. REG. NO.		
			<i>B-1649</i>		

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

NAME (Individual, Facility, Establishment, etc.) <i>Valley View School</i>		DATE <i>10/19/21</i>
MUNICIPALITY <i>Watchung</i>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	No lunch program is here.
	OK. The M.K Box is 39°F.
	- All other equipment is clean. Hand sink is working properly, soap is present. Hand towel dispenser is empty.
	COS - The maintenance manager said he plans to replace dispenser to a more updated one.
	<del>Boys Locker</del>

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>[Signature]</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>Arturo M. Faria</i>
---	--

PAGE      OF      PAGES