



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>Watchung BOE</i>			ESTABLISHMENT TRADING NAME <i>Valley View School</i>		
NUMBER AND STREET			NUMBER AND STREET		
COUNTY			MUNICIPALITY <i>Watchung</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>8/14/22</i>	<i>10:10</i>
					<i>10:40 AM</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-Brook Reg. Hea Hh Comm</i>			<i>Robin Kay</i>		
<i>111 Green Brook Rd</i>			TITLE		
<i>Green Brook NJ</i>			<i>SP. REITS</i>		
TELEPHONE NUMBER			INSPECTOR'S SIGNATURE		
<i>(732) 968-5151</i>			<i>Robin Kay</i>		
NAME OF HEALTH OFFICER			INSPECTOR'S PERM. REG. NO.		DATE
<i>K.G. Sumner</i>			<i>B-1649</i>		

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

NAME (Individual, Facility, Establishment, etc.) <i>Valley View School</i>	DATE <i>2/3/14/22</i>
MUNICIPALITY <i>Wentz</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
5.2	<i>Blue Lunch Program - out of order since - only milk is sold or given out. PTA special food sales 10000 on vacation.</i>
<i>Good</i>	<i>Hand Sink - soap & paper towels - no soap or paper towels (No Grease Trap -)</i>
<i>Good</i>	<i>SAT Milk Box Temp. 41°F - Milk is up to date. The freezer temp is satisfactory.</i>
<i>OK</i>	<i>Hand Sink has Running water, soap & Hand towels.</i>
<i>Satisfactory</i>	

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Cobby</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>Erick Mazanego</i>
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