



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>Lehigh Board of Ed.</i>			ESTABLISHMENT TRADING NAME <i>Valley View School</i>		
NUMBER AND STREET <i>50 Valley View Dr.</i>			NUMBER AND STREET		
COUNTY			MUNICIPALITY <i>Lehigh</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 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		<i>10/18/22</i>	END
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> <i>Middle Brook Reg. Health Comm 14 Green Brook Rd Green Brook NJ</i>			NAME OF INSPECTOR <i>Robert Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151</i>			TITLE <i>Sr. REAS</i>		
NAME OF HEALTH OFFICER <i>K.G. Sumner</i>			INSPECTOR'S SIGNATURE <i>Robert Key</i>		INSPECTOR'S PERM. REG. NO. <i>B-1649</i>
					DATE

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

NAME (Individual, Facility, Establishment, etc.) <i>Valley View</i>		DATE <i>10/2/22</i>
MUNICIPALITY <i>Wahiawa</i>		TEL., CODE of ID NO.

ITEM NO.	REMARKS
<i>Sat.</i>	<i>Milk Box 37° F. -</i>
<i>5.1</i>	<i>Box on the left side has a sour milk odor and needs to be washed + sanitized.</i>
<i>OK</i>	<i>All REFRIGERATORS + Freezer Temp Satisfactory</i>
<i>OK</i>	<i>Hand wash sink Satisfactory</i>
<i>Satisfactory</i>	
<i>Erick Mazariego</i>	

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