



# 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 - Karina</i>			ESTABLISHMENT TRADING NAME <i>Walmart # 5111</i>		
NUMBER AND STREET <i>Karina</i>			NUMBER AND STREET <i>1501 US Hwy 22</i>		
COUNTY			MUNICIPALITY <i>Watchung</i>		ZIP CODE <i>07069</i>
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>		TELEPHONE NO. <i>908-756-1925</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
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		<i>10/28/21</i>	<i>1:15pm</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.) <span style="font-size: 1.5em;">Walmart # 5111</span>	DATE <span style="font-size: 1.5em;">10/28/21</span>
MUNICIPALITY <span style="font-size: 1.5em;">Watchung</span>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
PIC - Karina	
	Main Floor Refrigeration Good temp.
	" " Freezers Good temp
	Observed some milk containers and orange juice w/ "squished" top - due to how it comes from Trucks (delivered that way)
	* Observed 2 Orange Juice Containers in Fridge squished top and low amount - Remove from unit
	Baby Formula dates are good
	Basement - Walk-in Freezer + Refrigeration Good Temp
COS	Removed one container of Entamil ENSPIRE due to damaged container
	ISSUED
	Satisfactory

SIGNATURE OF INDIVIDUAL COMPLETING FORM 	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED 
---	--