



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 <i>Watchy Liquors</i>		
NUMBER AND STREET			NUMBER AND STREET <i>Johnston Dr.</i>		
COUNTY			MUNICIPALITY <i>Watchy</i>		ZIP CODE
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>		TELEPHONE NO.
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)		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 (other than initial inspection)	
2 <input type="checkbox"/> OTHER (Specify):		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>5/27/20</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 (print) Middle-Brook Regional Health Commission 111 Greenbrook Road Green Brook, NJ 08812-2501 www.middlebrookhealth.org			NAME OF INSPECTOR <i>Robert</i>		
TELEPHONE NUMBER <i>(908) 968-5151</i>			TITLE <i>SURVEIL.</i>		
NAME OF HEALTH OFFICER <i>R. G. Somers</i>			INSPECTOR'S SIGNATURE <i>[Signature]</i>		INSPECTOR'S PERM. REG. NO. <i>8-1647</i>
			DATE		

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

NAME (Individual, Facility, Establishment, etc.) Watchdog Liquors	DATE 5/27/22
MUNICIPALITY Watchdog	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	- Everything appears to be clean in the customer display.
	- Restroom is satisfactory.
	SNACKS are stored off the floor + protected from contamination.
	<i>Satisfactory</i>

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