



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	
NUMBER AND STREET		NUMBER AND STREET	
COUNTY		MUNICIPALITY	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 1 <input type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER <i>(Specify):</i> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
		TIME - (2400 HOURS)		
		DATE	BEGIN	END
		10/21	11:15	11:45

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	
Middle-Brook Reg Health Com 111 Green Brook Rn Green Brook NJ	Robyn Key	
TELEPHONE NUMBER	TITLE	
(732) 968-5151 x2	Sc. R.E.H.S.	
NAME OF HEALTH OFFICER	INSPECTOR'S SIGNATURE	
K. G. Sumner	<i>(Signature)</i>	
	INSPECTOR'S PERM. REG. NO.	DATE
	B-1649	

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

NAME (Individual, Facility, Establishment, etc.) <i>Watchy Liquor's</i>		DATE <i>10/20/21</i>
MUNICIPALITY <i>Centerville</i>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>No Food prep. Pre-packaged products + beverage sold only</i>
<i>6.2</i>	<i>Shelving is dusty</i>
<i>Days Factory</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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