



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 - Tina</i>			ESTABLISHMENT TRADING NAME <i>Wilson Memorial Church</i>		
NUMBER AND STREET			NUMBER AND STREET <i>7 Valley Rd</i>		
COUNTY			MUNICIPALITY <i>Watchung</i>	ZIP CODE <i>07069</i>	
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>908-755-5020</i>	
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 checked="" type="checkbox"/> OTHER <i>(Specify): Church</i> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		ESTABLISHMENT CODE	1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
		GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
			DATE <i>9/7/22</i>	BEGIN <i>9 AM</i>	END <i>9:50 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>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>9/7/22</i>	

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

ISSUED

SATISFACTORY

NAME (Individual, Facility, Establishment, etc.)

Wilson Memorial Church

DATE

9/7/22

MUNICIPALITY

Watchung

TEL., CODE or ID NO.

ITEM NO.

NJAC 8:24

REMARKS

PIC - Tina

Pest Control - Viking Pest Control

* Request updated Log

- Log shows last service as Jan 2022

4.2c Temps of Refrigerator & Freezer are good

Repeat * Place a thermometer inside Refrigerator to monitor temp at $\leq 41^{\circ}\text{F}$

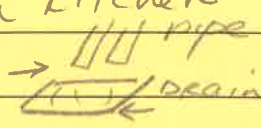
Kitchen is kept very Clean

High Temp Dishwasher used

- Label - HAND WASH SINK - only handwashing

NOTE Women's Bathroom - 1st Door to left - The lock doesn't work by BIG MIRROR

3-Compartment Sink + other SINKS in Kitchen

* pipes to drain - Need an AIR GAP \rightarrow 

NJAC 8:24 - 5.2d Plumbing

AIR GAP shall be at least twice the diameter of water supply and not be less than one inch

SIGNATURE OF INDIVIDUAL COMPLETING FORM

Pham Myell

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED

[Signature]