



## SANITARY INSPECTION REPORT

IDENTIFICATION						
<b>OWNER INFORMATION</b> <i>(Complete this section only if different from establishment information)</i>			<b>ESTABLISHMENT INFORMATION</b>			
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PIC - Alex			ESTABLISHMENT TRADING NAME Antonio's Restaurant & Pizza			
NUMBER AND STREET			NUMBER AND STREET 10 Community Pl			
COUNTY			MUNICIPALITY Warren		ZIP CODE 07059	
MUNICIPALITY		STATE	COUNTY Somerset	TELEPHONE NO. 908-668-1121		
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)	CO/MUN CODE		
<b>INSPECTION</b>						
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION		
1 <input checked="" type="checkbox"/> RETAIL				2 <input checked="" type="checkbox"/> REINSPECTION (other than initial inspection)		
2 <input type="checkbox"/> OTHER (Specify):						
3 <input type="checkbox"/>		GOODS		TIME - (2400 HOURS)		
4 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN	END
		2 <input type="checkbox"/> EMBARGOED		12/21/21	12:30pm	12:45pm
<b>EVALUATION</b>						
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY						
<b>OFFICIAL(S)</b>						
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>			
NAME, ADDRESS AND (print)			NAME OF INSPECTOR Shahira Morell			
			TITLE REHS			
TELEPHONE NUMBER 908-753-8000			INSPECTOR'S SIGNATURE Shahira Morell			
NAME OF HEALTH OFFICER Kevin Sumner			INSPECTOR'S PERM. REG. NO. B-164238	DATE 12/21/21		

**CONTINUATION SHEET**  
(For Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.) <i>Antonio's Restaurant + Pizza</i>	DATE <i>12/21/21</i>
MUNICIPALITY <i>Warren</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<u>Reinspection</u>
	Hand Sink - unobstructed: Front & Kitchen
	Food Safety Certificate
	Walk-in Foods
	Food thermometers
	Single Service Containers → INVERTED
	Place for Personal belongings
SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Chadmore Morell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>Antonio's Restaurant + Pizza</i>