



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 PIC - Anthony P.		ESTABLISHMENT TRADING NAME Forest Lodge		
NUMBER AND STREET 11 Reinman Rd		NUMBER AND STREET 11 Reinman Rd		
COUNTY		MUNICIPALITY Warren	ZIP CODE 07059	
MUNICIPALITY	STATE	COUNTY Somerset	TELEPHONE NO. 908-754-7300	
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl.)	CO/MUN CODE	
INSPECTION				
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify): 3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE	1 <input type="checkbox"/> INITIAL INSPECTION 2 <input checked="" type="checkbox"/> REINSPECTION (other than initial inspection)		
	GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		12/20/21	11:50am	
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)		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 12/20/21	

