



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>Dunkin' Donuts</i>		
NUMBER AND STREET			NUMBER AND STREET <i>US Hwy 22 West</i>		
COUNTY			MUNICIPALITY <i>Green Brook</i>	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		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION	
1 <input checked="" type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
2 <input type="checkbox"/> OTHER <i>(Specify):</i>		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>7/27/21</i>	<i>11:05 AM</i>
				<i>11:30 AM</i>	<i>11:30 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> <i>Middle-Brook Reg Health Comm 111 Green Brook Rd Green Brook NJ</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151 x2</i>			TITLE <i>SP. REHS.</i>		
NAME OF HEALTH OFFICER <i>K.G. Summer</i>			INSPECTOR'S SIGNATURE <i>Robyn Key</i>		INSPECTOR'S PERM. REG. NO. <i>B-1649</i>
			DATE		

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

NAME (Individual, Facility, Establishment, etc.) <i>Dunkin' Donuts</i>		DATE <i>7/29/21</i>
MUNICIPALITY <i>Green Brook</i>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>Temp of Refrigerator - 37°F</i>
	<i>Bathroom is satisfactory</i>
	<i>Hand sinks - satisfactory</i>
	<i>Note - The face cover is off the ice machine - The owner</i>
	<i>4.2/4.5 is in the process of cleaning the machine.</i>
	<i>Satisfactory</i>

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