



## 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 - Samir			ESTABLISHMENT TRADING NAME Exxon Tiger Mart		
NUMBER AND STREET 973-641-7211 cell			NUMBER AND STREET 258 Route 22 West		
COUNTY			MUNICIPALITY Green Brook		ZIP CODE 08812
MUNICIPALITY		STATE	COUNTY Somerset		TELEPHONE NO. 732-752-1162
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)		CO/MUN CODE
<b>INSPECTION</b>					
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  GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED		1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION (other than initial inspection)	
		TIME - (2400 HOURS)			
		DATE	BEGIN	END	
		11/1/21			
<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 732-968-5151			INSPECTOR'S SIGNATURE Shahira Morell		
NAME OF HEALTH OFFICER Kevin Sumner			INSPECTOR'S PERM. REG. NO. B-164238		DATE 11/1/21

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

NAME (Individual, Facility, Establishment, etc.)		DATE
Municipality		TEL., CODE or ID NO.

Exxon Tiger Mart  
Green Brook  
11/1/21

ITEM NO.	REMARKS
	PIC - Samir
	Refrigeration temps are good
	Pre-packaged items sold.
	Hot Holding Unit was not to temp - only at 110-113°F
	COS - The Back door was open - Heat escaped
	Employee Hand Sinks needs paper towels
	Bathroom good

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