



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 - Tony</i>			ESTABLISHMENT TRADING NAME <i>Green Brook Pancake House</i>			
NUMBER AND STREET			NUMBER AND STREET <i>297 US-22 East</i>			
COUNTY			MUNICIPALITY <i>Green Brook</i>		ZIP CODE <i>08812</i>	
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>732-424-9191</i>		
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 checked="" type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
2 <input type="checkbox"/> OTHER <i>(Specify):</i>						
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		<i>10/5/22</i>	<i>12:45pm</i>	<i>1:45pm</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>10/5/22</i>		

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

NAME (Individual, Facility, Establishment, etc.) <i>Green Brook Pancake House</i>	DATE <i>10/5/22</i>
MUNICIPALITY <i>Green Brook</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS	
	<p><i>Re-Inspection</i></p> <p><i>Violations Abated include</i></p> <ul style="list-style-type: none"> <i>- Soap + Paper Towels</i> <i>- Ice scoop + protector</i> <i>- label - sanitizer sprays / cleaners</i> <i>- Hand wash sinks</i> <i>- Scoops + in-use utensils</i> <i>- Surfaces + interiors equipment maintained</i> <i>- posted serv safe</i> <i>etc.</i> <p><i>Great Job!</i></p>	<i>PIC - Tony</i>
	<i>ISSUED</i>	<i>SATISFACTORY</i>

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