



## 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 <i>Green Brook BOE</i>			ESTABLISHMENT TRADING NAME <i>TEF School</i>		
NUMBER AND STREET			NUMBER AND STREET		
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>9/28/21</i>	END
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY		<input type="checkbox"/> CONDITIONALLY SATISFACTORY		<input type="checkbox"/> UNSATISFACTORY	
OFFICIAL(S)					
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>		
NAME, ADDRESS AND <i>(print)</i> <i>Middle-Brook Regional Health Comm</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
<i>111 Grand Brook Rd. Green Brook</i>			TITLE <i>Sr. R.E.H.S.</i>		
TELEPHONE NUMBER <i>1732-1968-5151 x2</i>			INSPECTOR'S SIGNATURE <i>Robyn Key</i>		
NAME OF HEALTH OFFICER <i>B. G. Summers</i>			INSPECTOR'S PERM. REG. NO. <i>B-1649</i>	DATE	

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

NAME (Individual, Facility, Establishment, etc.)

DATE

IEF School

9/25/21

MUNICIPALITY

TEL., CODE or ID NO.

Green Brook

ITEM NO.

REMARKS

SAT Walk in Refrigerator 38°F

SAT Walk in Freezer 0°F

OK Bathroom is satisfactory

3.5 Glo Ray Food warmer is missing a Light

SAT Victory warmer is 165.

Satisfactory

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED

*Coby*

*James Capobianco*