SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION (Complete this section only if different from establishment information)		ESTABLISHMENT INFORMATION	
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT		ESTABLISHMENT TRADING NAME: Med. - Weight Loss	
NUMBER AND STREET		NUMBER AND STREET: 103 S Hwy 22 W	
COUNTY		MUNICIPALITY: Green Brook	ZIP CODE
MUNICIPALITY	STATE	COUNTY: Somerset	TELEPHONE NO.
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. *(If Appl.)*	CO/MUN CODE

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE		
1 ☐ RETAIL 2 ☐ OTHER *(Specify):* 3 ☐ 4 ☐	GOODS 1 ☐ DESTROYED 2 ☐ EMBARGOED	1 ☒ INITIAL INSPECTION 2 ☐ REINSPECTION *(other than initial inspection)*	
		TIME - (2400 HOURS)	
		DATE	BEGIN / END
		6/15/21	

EVALUATION

☒ *SATISFACTORY* ☐ *CONDITIONALLY SATISFACTORY* ☐ *UNSATISFACTORY*

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL	
NAME, ADDRESS AND *(print)*: Middle Brook Reg. Health Comm 111 Green Brook Rd Green Brook NJ	NAME OF INSPECTOR: Robyn Key	
	TITLE: Sr. REHS	
TELEPHONE NUMBER: (732) 968-5151 x2	INSPECTOR'S SIGNATURE	
NAME OF HEALTH OFFICER: K. G Sumner	INSPECTOR'S PERM. REG. NO.: R-1649	DATE

F-33
SEP 06

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

NAME (Individual, Facility, Establishment, etc.)	DATE
MED, Weightloss.	6/15/21
MUNICIPALITY	**TEL., CODE or ID NO.**
Greenbrier	

ITEM NO.	REMARKS
	Pre Packaged Food ONLY.
	No violations noted.
	Food is up to date.
	Satisfactory

SIGNATURE OF INDIVIDUAL COMPLETING FORM

Robyn

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

Michael Greenstein