



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>Rata Fitness</i>	
NUMBER AND STREET		NUMBER AND STREET <i>119 US Hwy 22 East</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 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER <i>(Specify):</i> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE	1 <input type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
		GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)	
			DATE	BEGIN
		<i>3/16/22</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</i> <i>111 Green Brook Rd</i> <i>Green Brook NJ</i>	NAME OF INSPECTOR <i>Robyn Key</i>
TELEPHONE NUMBER <i>(932) 968-5151 x2</i>	TITLE <i>SR. REUS</i>
NAME OF HEALTH OFFICER <i>K.G. Sumner</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>Atro Fitness</i>	DATE <i>3/16/22</i>
MUNICIPALITY <i>Green Brook</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>Good The Shake mixes are stored ^{in a} satisfactory manner.</i>
<i>6.7</i>	<i>The hand washing sink was obstructed from use. A large container of sanitary wipes was in it.</i>
<i>Good</i>	<i>Everything else appears to be in satisfactory condition</i>
<i>Satisfactory</i>	

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