



## 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>Raideep Singh</i>			ESTABLISHMENT TRADING NAME <i>Cusco Convenience Store</i>		
NUMBER AND STREET <i>3 Windthrop Terr</i>			NUMBER AND STREET <i>15 Starling Rd.</i>		
COUNTY <i>Windsor Essex</i>			MUNICIPALITY <i>Watchung</i>		ZIP CODE
MUNICIPALITY <i>East Orange</i>	STATE <i>NJ</i>	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>908-502-2930</i>		
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. (If Appl.)	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 (other than initial inspection)		
2 <input type="checkbox"/> OTHER (Specify):					
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>6/20/22 10:50 AM - 11:20 AM</i>		
EVALUATION					
<input type="checkbox"/> SATISFACTORY		<input checked="" type="checkbox"/> CONDITIONALLY SATISFACTORY		<input type="checkbox"/> UNSATISFACTORY	
OFFICIAL(S)					
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND (print) <i>Middle-Brow Regional Health Comm 111 Green Brook Jct Green Brook NJ</i>			NAME OF INSPECTOR <i>Robyn Ky</i>		
TELEPHONE NUMBER <i>(732) 968-5151</i>			TITLE <i>SR. REAS.</i>		
NAME OF HEALTH OFFICER <i>K.G. Sumner</i>			INSPECTOR'S SIGNATURE <i>Robyn</i>		INSPECTOR'S PERM. REG. NO. <i>B-1649</i>
			DATE		

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

NAME (Individual, Facility, Establishment, etc.) <i>Circle Convenience Store (Sunoco)</i>	DATE <i>6/20/22</i>
MUNICIPALITY <i>Watchdog</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
<i>6.7</i>	<i>Food prep Area where Air Frier and hot dog warmer is located: does NOT have a HAND SINK.</i>
<i>3.3/3.4</i>	<i>Location for Ranch Dressing (No Refrigeration). - Bulk Refrigerator 37°F.</i>
<i>6.7</i>	<i>The sink must be placed in the Food prep Area of the Food prep Area needs to be relocated where the HAND SINK IS.</i>
<i>6.7</i>	<i>Male Bathroom is in satisfactory condition.</i>
<i>6.7</i>	<i>Hand sink needs SOAP, hand towels + <del>hand sanitizer</del>.</i>
	<i>Establishment changed owners without changing the name of the owner on the Food Handler's permit.</i>
	<i>Continued.</i>

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