



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>Honey Baked Ham</i>		
NUMBER AND STREET			NUMBER AND STREET <i>125 Hwy 22</i>		
COUNTY			MUNICIPALITY <i>Watchung</i>		ZIP CODE
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>908-755-2200</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
		2 <input type="checkbox"/> EMBARGOED		<i>3/22/22</i>	<i>11:00 Hrs</i>
					<i>11:35 Hrs</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 (print) <i>Middle-Brook Regional Health Comm 111 Green Brook Rd Green Brook NJ</i>			NAME OF INSPECTOR <i>Robin Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151</i>			TITLE <i>SR R.E.H.S.</i>		
NAME OF HEALTH OFFICER <i>K.G. Somner</i>			INSPECTOR'S SIGNATURE <i>Robin Key</i>		INSPECTOR'S PERM. REG. NO. <i>B-1649</i>
			DATE		

