



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>Michaels Co. Inc.</i>			ESTABLISHMENT TRADING NAME <i>Michaels Craft Store</i>		
NUMBER AND STREET			NUMBER AND STREET <i>1515 US Hwy 22</i>		
COUNTY			MUNICIPALITY <i>Walden</i>	ZIP CODE <i>07069</i>	
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>	TELEPHONE NO. <i>908-427-5164</i>	
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)	CO/MUN CODE	
<i>Emergency # 570-792 60</i>			INSPECTION <i>Emma, Store mgr.</i>		
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify): 3 <input type="checkbox"/> 4 <input type="checkbox"/>		ESTABLISHMENT CODE <i>16</i>	1 <input type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION (other than initial inspection)		
		GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
			DATE	BEGIN	END
			<i>7/21/02</i>	<i>10:00</i>	<i>10:30</i>
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <i>pre-op inspection after relocation</i>					
OFFICIAL(S)					
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND (print) <i>Middle-Brook Reg. Health Comm 111 Green Brook Rd. Green Brook NJ</i>			NAME OF INSPECTOR <i>Robyn K</i>		
TELEPHONE NUMBER <i>(732) 968-5151</i>			TITLE <i>Sr. R.F.H.S</i>		
NAME OF HEALTH OFFICER <i>H. G. Simon</i>			INSPECTOR'S SIGNATURE <i>Robyn K</i>		INSPECTOR'S PERM. REG. NO. <i>B-1649</i>
			DATE		

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

NAME (Individual, Facility, Establishment, etc.)		DATE
Municipality <u>Michaels</u>		<u>7/21/22</u>
<u>Walchig</u>		TEL., CODE, or ID NO.

ITEM NO.	REMARKS
	- Bathrooms are - satisfactory.
	- Rear Food Storage (warehouse) - All pre-package food items (candy) is stored on shelving off the floor.
33	pre packaged candy was stored in plastic tubs which were under display shelving and directly on the floor. This can allow rodents and insects easy access to product.
COs.	- This was being immediately corrected at the time of inspection.
	Satisfactory
	Inspection After re-location

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