



# 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>Stella Testa</i>			ESTABLISHMENT TRADING NAME <i>Sweet Success</i>		
NUMBER AND STREET			NUMBER AND STREET <i>11 Ellsworth</i>		
COUNTY			MUNICIPALITY <i>Watchung</i>		ZIP CODE
MUNICIPALITY		STATE	COUNTY		TELEPHONE NO. <i>908-561-</i>
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>		CO/MUN CODE <i>2997</i>
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		1 <input type="checkbox"/> INITIAL INSPECTION	
1 <input checked="" type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
2 <input type="checkbox"/> OTHER <i>(Specify):</i>		GOODS		TIME - (2400 HOURS)	
3 <input type="checkbox"/>		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
4 <input type="checkbox"/>		2 <input type="checkbox"/> EMBARGOED		<i>11/4/21</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 Green Brook</i>			NAME OF INSPECTOR <i>Robyn Key</i>		
TELEPHONE NUMBER <i>(732) 968-5151 x 2</i>			TITLE <i>Sr. BEHS</i>		
NAME OF HEALTH OFFICER <i>H. G. Summer</i>			INSPECTOR'S SIGNATURE <i>Robyn Key</i>		INSPECTOR'S PERM. REG. NO. <i>B-1699</i>
			DATE		

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

NAME (Individual, Facility, Establishment, etc.) <i>Sweet Success</i>	DATE <i>11/18/21</i>
MUNICIPALITY <i>Watchaug</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>Note: No Food Prep is here. Only prepackaged Food that is sold. They are being placed into <del>prepackaged</del> gift Baskets.</i>
	<i>Everything Appears to be Clean and in order Food is up to date.</i>
	<i>Satisfactory</i>
	<i>Stella</i>

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