



# 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>Target's (Target)</i>			
NUMBER AND STREET			NUMBER AND STREET <i>1515 US Hwy 220</i>			
COUNTY			MUNICIPALITY <i>Llano</i>	ZIP CODE		
MUNICIPALITY	STATE		COUNTY	TELEPHONE NO. <i>87-769-2891</i>		
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>	CO/MUN CODE		
INSPECTION						
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE	1 <input type="checkbox"/> INITIAL INSPECTION			
1 <input checked="" type="checkbox"/> RETAIL		GOODS	2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>			
2 <input type="checkbox"/> OTHER <i>(Specify):</i>			TIME - (2400 HOURS)			
3 <input type="checkbox"/>			1 <input type="checkbox"/> DESTROYED	DATE	BEGIN	END
4 <input type="checkbox"/>			2 <input type="checkbox"/> EMBARGOED	<i>2/17/20</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. 111 Greenbrook Rd Green Brook NJ</i>			NAME OF INSPECTOR <i>Robert G.</i>			
TELEPHONE NUMBER <i>(732) 968-5151</i>			TITLE <i>Sc. REHS</i>			
NAME OF HEALTH OFFICER <i>H.G. Sumner</i>			INSPECTOR'S SIGNATURE <i>[Signature]</i>			
			INSPECTOR'S PERM. REG. NO. <i>B-1649</i>		DATE	

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

NAME (Individual, Facility, Establishment, etc.) <i>Target</i>	DATE <i>8/17/22</i>
MUNICIPALITY <i>Waukegan</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
	Order pick up Area -
	Bulk Freezer - Satisfactory Temps
	Bulk Refrigerator - Satisfactory Temps
6.5	(Floors need cleaning)
	Uninsulated Areas
Good	<del>Meat</del> Meat Display - Temp <i>30°F</i>
Good	Dairy (yogurt display) <i>38°F</i>
	Dairy up to date
Good	Food items appear to be up to date -
	Freezer Display temps Satisfactory
	Rear Bulk Refrigerators / Freezers -
	Temperatures Satisfactory
	Boxes are clean + orderly
X	Bathrooms - Both male + female Bathrooms are
	Satisfactory

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Coby</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>Alex Gori</i>
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