



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>Vitamin Shoppe</i>		
NUMBER AND STREET			NUMBER AND STREET <i>1579 US Hwy 22 West</i>		
COUNTY			MUNICIPALITY <i>Watch NJ</i>		ZIP CODE
MUNICIPALITY		STATE	COUNTY		TELEPHONE NO. <i>908-322-1240</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				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>4/12/22</i>	END
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>			NAME OF INSPECTOR		
<i>Middle-Brook Regional Health Comm. 111 Green Brook Rd Green Brook NJ</i>			<i>Robyn Key</i>		
TELEPHONE NUMBER			TITLE		
<i>(732) 968-5151 x2</i>			<i>SIR EHS</i>		
NAME OF HEALTH OFFICER			INSPECTOR'S SIGNATURE		DATE
<i>K.G. Summer</i>			<i>Robyn Key</i>		
			INSPECTOR'S PERM. REG. NO.		
			<i>B-1649</i>		

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

NAME (Individual, Facility, Establishment, etc.) <i>Vitamin Shop</i>		DATE <i>4/12/22</i>
MUNICIPALITY <i>Waltham</i>		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	<i>No Food Prep. here only pre-package food is sold. Food is up to date.</i>
	<i>Storage Room is clean</i>
	<i>Bathroom is clean</i>
	<i>Self-Storage</i>

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