



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>Walmart</i>	
NUMBER AND STREET		NUMBER AND STREET <i>5000 Walnut St</i>	
COUNTY		MUNICIPALITY <i>Leitch</i>	ZIP CODE <i>08420</i>
MUNICIPALITY	STATE	COUNTY <i>Somerset</i>	TELEPHONE NO.
ZIP CODE	CO/MUN. CODE	ESTABLISHMENT STATE LICENSE NO. <i>(If Appl.)</i>	CO/MUN CODE

INSPECTION			
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER <i>(Specify):</i> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	ESTABLISHMENT CODE	1 <input type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
	GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)	
		DATE <i>6/7/22</i>	BEGIN 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> <i>Middle Brook Reg. Health Comm 111 Green Brook Rd Green Brook NJ</i>		NAME OF INSPECTOR <i>Robert Ky</i>	
TELEPHONE NUMBER <i>(732) 968-5151</i>		TITLE <i>SR. REHS</i>	
NAME OF HEALTH OFFICER <i>K. G. Simer</i>		INSPECTOR'S SIGNATURE <i>[Signature]</i>	
		INSPECTOR'S PERM. REG. NO. <i>3-1649</i>	DATE

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

NAME (Individual, Facility, Establishment, etc.) WALMART		DATE 6/7/22
MUNICIPALITY WATCHEL		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	NOTE Bulk Display Refrigerators + Freezers are at satisfactory temperatures.
	NOTE: All Dairy product are up to date.
	Good. Basement Refrigerator - Bulk Storage Freezer Satisfactory.
<i>Satisfactory</i>	

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