



# 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>PIC - Rebekah</i>			ESTABLISHMENT TRADING NAME <i>Wilson Memorial Church</i>		
NUMBER AND STREET			NUMBER AND STREET <i>7 Valley Rd</i>		
COUNTY			MUNICIPALITY <i>Watchung</i>		ZIP CODE <i>07069</i>
MUNICIPALITY		STATE	COUNTY <i>Somerset</i>		TELEPHONE NO. <i>908-755-5020</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 checked="" type="checkbox"/> INITIAL INSPECTION	
1 <input type="checkbox"/> RETAIL				2 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
2 <input checked="" type="checkbox"/> OTHER <i>(Specify):</i> <i>Church</i>					
3 <input type="checkbox"/>					
4 <input type="checkbox"/>					
		GOODS		TIME - (2400 HOURS)	
		1 <input type="checkbox"/> DESTROYED		DATE	BEGIN
		2 <input type="checkbox"/> EMBARGOED		<i>11/1/21</i>	<i>11:15am</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>			NAME OF INSPECTOR <i>Shahira Morell</i>		
			TITLE <i>REHS</i>		
TELEPHONE NUMBER <i>732-968-5151</i>			INSPECTOR'S SIGNATURE <i>Shahira Morell</i>		
NAME OF HEALTH OFFICER <i>Kevin Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B-164238</i>		DATE <i>11/1/21</i>

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

NAME (Individual, Facility, Establishment, etc.) Wilson Memorial Church		DATE 11/1/21
MUNICIPALITY Watchung		TEL., CODE or ID NO.

ITEM NO.	REMARKS
	Ensure Refrigerator has thermometer to monitor temp at $\leq 41^{\circ}\text{F}$
	Temp was good in Refrigerator
	3-Compartment Sink faucet <del>leaks</del> Fixture Leaks Repair
	Kitchen is clean
	Pest Control - Viking Pest Control - as needed Log shows every 2-3 months Last Service <del>August</del> Oct 29, 2021
<i>Issued Satisfactory</i>	

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