



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>Ed Luckerman</i>				ESTABLISHMENT TRADING NAME <i>Eddie's Portable Pig Out</i>			
NUMBER AND STREET <i>28 Shauger Road</i>		COUNTY <i>Morris</i>		NUMBER AND STREET <i>Same</i>		COUNTY	
MUNICIPALITY <i>Denville</i>		STATE <i>NJ</i>		MUNICIPALITY		ZIP CODE	TELEPHONE NO.
ZIP CODE <i>07834</i>	COMUN. CODE			ESTABLISHMENT STATE LICENSE NO. (if appl.)		COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	TIME - (2400 HOURS)		
		DATE	BEGIN	END
<input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> OTHER (Specify) <input type="checkbox"/> <i>Catering</i> <input type="checkbox"/>	<input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	<i>10/9/09</i>	<i>3:00</i>	<i>3:45</i>
		<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION (other than initial inspection)		

EVALUATION

SATISFACTORY
 CONDITIONALLY SATISFACTORY
 UNSATISFACTORY

Nonviolations noted

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print) DENVILLE DIVISION OF HEALTH 1 ST. MARY'S PLACE DENVILLE, NJ 07834 973-625-8300 EXT 261 FAX 973-627-8371	INSPECTOR'S NAME AND TITLE <i>James H. Norgalis</i> <i>Health Officer</i>
HEALTH OFFICER <i>James H. Norgalis</i>	INSPECTOR'S SIGNATURE <i>J.H. Norgalis</i>
	INSPECTOR'S PERM. REG. NO. <i>B-1861 A554</i>