**Monmouth County Office of Public Health**
**3000 Kozloski Rd.**
**Freehold, NJ 07728**
**(732) 431-7456**

# INSPECTION REPORT

| Activity Type | Evaluation |
|---|---|
| Initial | Satisfactory |

| Na [redacted] | de Name | Date |
|---|---|---|
| | Roberstville Firehouse | 10/22/2026 |

| Establishment Location (Street Address) | City | Zip Code | County | Co/Mun Code |
|---|---|---|---|---|
| 94 CR 520 | Morganville | 07751 | Monmouth | 28 |

Est [redacted]

| Name of Inspecting Official | REHS Lic. # | Name of Health Officer | Risk Type | License No. |
|---|---|---|---|---|
| Jessica May | B-177786 | Enrico Cabredo | 2 | |

| NJAC 8:24 | REMARKS ("R" = Repeat violation from previous inspection) |
|---|---|
| | |
| | Refrigeration 41F |
| | Warm water provided at sink. Soap and paper towels needed at hand sink. |
| | Food brought in from outside caterer and private renter. |
| | Dishwasher present. Not in use. Not run at time of inspection. |
| | No evidence of insects or rodents observed at the time of inspection. |
| | gloves available. |
| | |
| | |
| | Satisfactory Placard Issued. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Signature of Individual Completing Form | Signature of Person Receiving Copy of Report |
|---|---|
| May, Jessica Digitally signed by May, Jessica Date: 2026.10.22 11:49:14 -04'00' | |