New Jersey Department of Health Consumer, Environmental and Occupational Health Service Food and Drug Safety Program P.O. Box 369, Trenton, NJ 08625-0369 609-826-4935

REPORT OF INSPECTION

ASSIGNMENT # 17248

License/ID #		Category		Sub-Category				Activity Type					Eva	Evaluation		
2335		Youth Camp					I	Investigation				Other				
Name of Ow	Tra	Trade Name						E-mail Address								
Fit2Be Day Camp						Fit2Be Day Camp							brownmissfit@aol.com			
Establishment Location (Street Address)						City Zip Code						County Telephone No.				
301 Euclid Ave						Trenton				0	08609 Mer		erc	rc (609) 510-3288		
Establishment Mailing Address (if different)						Changes					Revised Information:					
Name of Inspecting Official					REHS Lic. #			Est.	Est. Code: Total H			ours: Rein		einspection	nspection on or After:	
Eman S. Yacoub					B-102359			3	3							
TIME/ACTIVITY REPORT (Codes: 1-Travel, 2-Inspection, 3-Administration, 4-Personal)																
Date Code		Began	Ended					egan End						Began	Ended	
08-03-21	2			08-03-	21	3										
Item	tom — -															
iteiii		Remarks R = Repeat Violation from the previous inspection														
<u> </u>																
I contacted	d Ms.	Michelle F	urvis, camp	Direc	tor	of Fit	2Be D	ay C	amp vi	a pl	none ca	ll wh	o info	ormed me	that the	
								-	•							
camp operated only for two weeks (week of June 28th and week of July 5th). The camp stopped operations after those two weeks due to low interest.																
Signature of	Inches	ting Official					No	mo of	Dorcon I	Door	iving Co	ov of I	Donor	+		
Signature of Inspecting Official Than Gacoub								Name of Person Receiving Copy of Report Ms. Michelle Purvis, camp Director								
Crican gacous								Ms. Michelle Purvis, camp Director								