

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

Return 2wks

IDENTIFICATION

OWNER INFORMATION <small>(Complete this section only if different from establishment information)</small>				ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <i>PIC - Kelsa</i>				ESTABLISHMENT TRADING NAME <i>The Home Depot USA Inc # 0947</i>		
NUMBER AND STREET		COUNTY		NUMBER AND STREET		COUNTY
				<i>400 Promenade Blvd</i>		<i>Somerset</i>
MUNICIPALITY			STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
				<i>Bridgewater</i>	<i>08807</i>	<i>732-469-</i>
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)		COMUN. CODE	
					<i>5883</i>	

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input type="checkbox"/> INITIAL INSPECTION <input checked="" type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
<input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER	GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>11/30/21</i>	<i>2:10pm</i>	

EVALUATION

SATISFACTORY
 Still CONDITIONALLY SATISFACTORY
 UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750	INSPECTOR'S NAME AND TITLE <i>Shahira Morell</i> REHS
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B-164238</i>

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Home Depot

Name (Individual, Facility, Establishment, etc.)

Date

11/30/21

BRIDGEWATER TOWNSHIP

Item No.	Remarks
-	Pic - Kelsha
-	Exterminator - * Still on
-	CONDITIONAL
	Candy Displays - still observed mouse droppings and "eaten" packages by rodents
	Update - a work order has been placed
	Remediation - Remove damaged candies
	- Clean and sanitize displays
	- Go through displays and inspect for evidence of rodents - droppings, eaten packages
	- Clean and sanitize products

Signature of Individual Completing Form
Kelsha Forell

Signature of Owner of Facility, Establishment, etc. if required
[Signature]