

## BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

### IDENTIFICATION

| OWNER INFORMATION<br><i>(Complete this section only if different from establishment information)</i> |             | ESTABLISHMENT INFORMATION                               |                 |               |
|--|-------------|---|-----------------|---------------|
| NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT  |             | ESTABLISHMENT TRADING NAME<br><i>Profile by Sanford</i> |                 |               |
| NUMBER AND STREET  | COUNTY      | NUMBER AND STREET                                       | COUNTY          |               |
|  |             | <i>330 Chimney Rock</i>                                 | <i>Somerset</i> |               |
| MUNICIPALITY   | STATE       | MUNICIPALITY  | ZIP CODE        | TELEPHONE NO. |
|  |             | <i>Bridgewater</i>                                      | <i>08807</i>    |               |
| ZIP CODE   | COMUN. CODE | ESTABLISHMENT STATE LICENSE NO. (if appl.)              | COMUN. CODE     |               |

### INSPECTION

| TYPE OF ESTABLISHMENT  | ESTABLISHMENT CODE   | <input checked="" type="checkbox"/> INITIAL INSPECTION<br><input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i> |       |     |
|--|--|--|-------|-----|
| <input checked="" type="checkbox"/> RETAIL<br><input type="checkbox"/> POOL<br><input type="checkbox"/> CAMP<br><input type="checkbox"/> OTHER | <b>GOODS</b><br><input type="checkbox"/> DESTROYED<br><input type="checkbox"/> EMBARGOED | TIME - (2400 HOURS)  |       |     |
|  |  | DATE   | BEGIN | END |
|  |  | <i>9/19/2022</i>   |       |     |
|  |  |  |       |     |

### EVALUATION

SATISFACTORY     
  CONDITIONALLY SATISFACTORY     
  UNSATISFACTORY

### OFFICIAL(S)

| LOCAL BOARD OF HEALTH  | INSPECTING OFFICIAL  |
|--|--|
| NAME, ADDRESS AND TELEPHONE NUMBER<br><br>Bridgewater Township<br>100 Commons Way<br>Bridgewater, N.J. 08807<br>908-725-5750 | INSPECTOR'S NAME AND TITLE<br><i>Patricia Timko Parker</i><br>REHS |
|  | INSPECTOR'S SIGNATURE<br><i>Patricia Timko Parker</i>              |
| HEALTH OFFICER<br><i>Kevin Sumner</i>  | INSPECTOR'S PERM. REG. NO.<br><i>B1934</i>                         |

# CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Profile by Sanford

Date

9/19/2022

BRIDGEWATER TOWNSHIP

| Item No. | Remarks   |
|----------|---|
|          | Risk Level 1  |
|          | only prepackaged food.  |
|          | Freezer food in front freezer @ -3°F.                                       |
|          | Expiration dates of dry goods checked internally.                           |
|          | Restrooms satisfactory  |
|          | Handwash & back Employee area ok soap,<br>warm water, paper towels          |
|          | Western Post Service - out 4/2022. NO evidence<br>of pests/rodent activity. |
|          | Please store all food products 6" off floor.                                |
|          | Posted Satisfactory   |

Signature of Individual Completing Form

*Patricia M. K... [Signature]*

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

*Michelle Meyer [Signature]*