

BRIDGEWATER TOWNSHIP 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>PIC - Tim Tepling</i>			ESTABLISHMENT TRADING NAME <i>Adamsville School</i>		
NUMBER AND STREET <i>Maschio Foods</i>		COUNTY	NUMBER AND STREET <i>400 Union Ave</i>		COUNTY <i>Somerset</i>
MUNICIPALITY <i>908 - 304 - 4572 cell</i>		STATE	MUNICIPALITY <i>Bridgewater</i>	ZIP CODE	TELEPHONE NO.
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
INSPECTION					
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
<input type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input checked="" type="checkbox"/> OTHER <i>school</i>		GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED		TIME - (2400 HOURS)	
				DATE	BEGIN
				<i>11/2/21</i>	<i>10am</i>
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND TELEPHONE NUMBER <i>Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750</i>			INSPECTOR'S NAME AND TITLE <i>Shahira Morell</i> <i>REHS</i>		
			INSPECTOR'S SIGNATURE <i>Shahira Morell</i>		
HEALTH OFFICER <i>Kevin Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>B-164238</i>		

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Adamsville School

Date

11/2/21

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	No Violations at the moment
	Refrigeration Temps good @ $\leq 41^{\circ}F$
Note	Dishwasher is not in use at the moment
Note	Keep Dumpster Lids on.
	Dry Storage Good
	Hand sinks good
Issued Satisfactory	

Signature of Individual Completing Form

Phillip Morell

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

[Signature]

PAGE

OF

PAGES