

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

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 - Veliko Kalev</i>		ESTABLISHMENT TRADING NAME <i>Alstede Farm Stand</i>		
NUMBER AND STREET <i>(908) 879-7189</i>	COUNTY	NUMBER AND STREET <i>831 Route 202/206</i>	COUNTY <i>Somerset</i>	
MUNICIPALITY	STATE	MUNICIPALITY <i>Bridgewater</i>	ZIP CODE <i>08807</i>	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>Farm Stand</i>	GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>5/10/2022</i>		

EVALUATION

SATISFACTORY
 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>Patricia Timko Parker</i> R.E.H.S.
	INSPECTOR'S SIGNATURE <i>Patricia Timko Parker</i>
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B1934</i>

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Alstede Farm Stand

Date

5/10/2022

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	PIC - Veliko Kalev. ServSafe on file
*	Note: Ice cream comes from Chester NJ location. Please label with ingredients the ice cream in the freezer
	Cold holding temps ok
	Season runs from April - December
	1 Freezer unit - ok
	1 Refrigerator unit - ok
	prepackaged goods - snacks, candy for sale. PIC monitors expiration dates.
	JOSTED SATISFACTORY
Signature of Individual Completing Form	Signature of Owner of Facility, Establishment, etc. if required

Patricia [unclear]

[Signature]