

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 - Dayana</i>		ESTABLISHMENT TRADING NAME <i>Bistro to Go</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>200 Crossings Blvd</i>	<i>Somerset</i>	
MUNICIPALITY	STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
		<i>Bridgewater</i>	<i>08807</i>	<i>732-579-</i>
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
			<i>7383</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>12/8/21</i>	<i>10:15am</i>	<i>11am</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>Shahira Morell</i> REHS
HEALTH OFFICER <i>Kevin Summer</i>	INSPECTOR'S PERM. REG. NO. <i>B-164238</i>

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Re-Inspection

Name (Individual, Facility, Establishment, etc.)

Bistro to Go

Date

12/8/21

BRIDGEWATER TOWNSHIP

Item No.	Remediation: Remarks
	<ul style="list-style-type: none"> • Cold holding - Thermometers • Hot holding - soup covers • Food Thermometers • Manual Warewashing
	All Remediations Complete
*	<p>Remove Equipment that is not working, not in use - Refrigeration Units / Grab & Go</p> <ul style="list-style-type: none"> - Deli Station - Desserts section

ISSUED
Satisfactory

Signature of Individual Completing Form

Rachel Howell

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

[Signature]