

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				ESTABLISHMENT TRADING NAME <i>Bob's Discount Furniture</i>		
NUMBER AND STREET		COUNTY		NUMBER AND STREET		COUNTY
				<i>100 Promenade Blvd</i>		<i>Somerset</i>
MUNICIPALITY			STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
				<i>Br. dgewater</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 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
<input checked="" type="checkbox"/> RETAIL		TIME - (2400 HOURS)		
<input type="checkbox"/> POOL	GOODS	DATE	BEGIN	END
<input type="checkbox"/> CAMP	<input type="checkbox"/> DESTROYED	<i>10/26/2022</i>		
<input type="checkbox"/> OTHER	<input type="checkbox"/> EMBARGOED			

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. B1934

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.) BOB'S FURNITURE DISCOUNT

Date 10/26/2022

BRIDGEWATER TOWNSHIP

Item No.	Remarks
Note:	Back of store, Free to customers is coffee, ice cream, candy and prepackaged snacks.
Note:	Back Employee area has a storage room for the food & all 6" off floor.
Note:	Hand sink in employee area - soap, paper towels and steramine tablets (Quat) sanitizer. 2 comp sink.
Note:	Restrooms OK
<p>Posted Satisfactory</p>	
Note:	ice cream freezer 30°F OK
Note:	creamer is non-dairy

Signature of Individual Completing Form

Patricia Mike Parata

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

[Signature]