

## BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION					
<b>OWNER INFORMATION</b> <i>(Complete this section only if different from establishment information)</i>			<b>ESTABLISHMENT INFORMATION</b>		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME <i>Bridgeville Ice Cream</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>713C East Main Street</i>		
MUNICIPALITY		STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
INSPECTION					
<b>TYPE OF ESTABLISHMENT</b>		<b>ESTABLISHMENT CODE</b>		<input checked="" type="checkbox"/> INITIAL INSPECTION <input 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					
		<b>GOODS</b>		<b>TIME - (2400 HOURS)</b>	
		<input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED		DATE	BEGIN
				<i>B/30/2021</i>	END
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>		
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>  <i>R.E.H.S.</i>		
			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.)

Bridgewater Ice Cream

Date

3/30/2021

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Ice cream shop supplies ice cream for Mobile truck. Currently, shop isn't open to the public. Note: Restroom ok Note: 3 comp sink ok. Bleach to sanitize. Note: All freezers frozen to touch. Note: Only prepackaged ice cream
	Rating Satisfactory

Signature of Individual Completing Form

*Patricia Tomlinson*

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

*R. J. ...*