

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 - Neeta</i>		ESTABLISHMENT TRADING NAME <i>CVS Pharmacy # 2854</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>230 Milltown Rd</i>	<i>Somerset</i>	
MUNICIPALITY	STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
		<i>Bridgewater</i>	<i>08807</i>	<i>908-231-</i>
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
			<i>6360</i>	

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 <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>9/2/22</i>	<i>2:15pm</i>	<i>2:45pm</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 Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B-164238</i>

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

CVS # 2854

Date

9/2/22

BRIDGEWATER TOWNSHIP

Item
No.

Remarks

No Food preparation - ONLY pre-packaged items

Refrigeration Temps Good

Place thermometer inside unit to monitor Temp.

Ensure plastic shelves + doors of Freezer/Refrigerators are cleaned consistently/as needed

Foods/Candies Upstairs - Good Storage

Post Control monthly - Ecolabs
last serviced 8/3/22

~~ISSUED
SATISFACTORY~~

Signature of Individual Completing Form

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

PAGE

OF

PAGES