

## 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 - Cindy</i>				ESTABLISHMENT TRADING NAME <i>Carnitas Taco Factory</i>		
NUMBER AND STREET		COUNTY		NUMBER AND STREET		COUNTY
				<i>574 Union Ave</i>		<i>Somerset</i>
MUNICIPALITY			STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
				<i>Bridge water</i>	<i>08807</i>	<i>732-893-</i>
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)		COMUN. CODE	
					<i>8/47</i>	

### INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input type="checkbox"/> INITIAL INSPECTION <input checked="" type="checkbox"/> REINSPECTION <small>(other than initial inspection)</small>		
<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>7/14/22</i>	<i>1pm</i>	
<input type="checkbox"/> OTHER	<input type="checkbox"/> EMBARGOED			

### EVALUATION

*Remains*

SATISFACTORY     
  *Remains* 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> <i>REHS</i>
	INSPECTOR'S SIGNATURE <i>Shahira Morell</i>
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B-104 238</i>

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Carnita's Taco Factory

Date

7/14/22

BRIDGEWATER TOWNSHIP

Item No.

NJAG 8:24

Remarks

→ Remains Conditional ←

Repeat violation -

8.12

Failure to post inspection placard

80.1

Business license, choking prevention poster

Repeat - Employee Hand Sink needs a Hand Wash only sign

R - Front Service Area - not to temperature

\* Ban Marie - Refrigeration Unit in front of stove observed at 45-48°F

3.5f2 Cold Holding units shall be at 41°F

- service unit / lower temp

NOTE - ensure all refrigerators have thermometers

Will return in 2wks

Signature of Individual Completing Form

*[Handwritten Signature]*

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

*[Handwritten Signature]*

PAGE

OF

PAGES