

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			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>Bridgewater</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 checked="" type="checkbox"/> RETAIL				<input checked="" type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
<input type="checkbox"/> POOL		GOODS		TIME - (2400 HOURS)	
<input type="checkbox"/> CAMP		<input type="checkbox"/> DESTROYED		DATE	BEGIN
<input type="checkbox"/> OTHER		<input type="checkbox"/> EMBARGOED		<i>3/15/2021</i>	END
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND TELEPHONE NUMBER <i>Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750</i>			INSPECTOR'S NAME AND TITLE <i>Patricia Timko Parker</i>		
			INSPECTOR'S SIGNATURE <i>Patricia Timko Parker</i>		
HEALTH OFFICER <i>Kevin Sumner</i>			INSPECTOR'S PERM. REG. NO. <i>131934</i>		

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Carnitas TACO FACTORY

Date 3/15/2021

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	All violations have been corrected since last inspection on 2/24/2021.
Note:	Serv Safe Food managers license submitted.
Note:	All cold holding units have thermometers.
Note:	Test strips available.
Note:	Handwash sink Satisfactory
Note:	Stem thermometers available.
	Rating Satisfactory

Signature of Individual Completing Form

Patricia [Signature]

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

X *[Signature]*

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