

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 - Lisa</i>			ESTABLISHMENT TRADING NAME <i>Five Star Bridgewater, LLC</i>			
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY	
			<i>570 B Union Ave</i>		<i>Somerset</i>	
MUNICIPALITY		STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.	
			<i>Bridgewater</i>	<i>08807</i>	<i>732-</i>	
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE		
					<i>271-7777</i>	
INSPECTION						
TYPE OF ESTABLISHMENT		ESTABLISHMENT CODE		<input type="checkbox"/> INITIAL INSPECTION		
				<input checked="" 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		TIME - (2400 HOURS)		
				DATE	BEGIN	END
				<i>7/14/22</i>	<i>1:50pm</i>	
<input checked="" type="checkbox"/> DESTROYED <input checked="" type="checkbox"/> EMBARGOED		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>Shahira Morell</i>			
			INSPECTOR'S SIGNATURE <i>Shahira Morell</i>			
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.)

Five Star

Date

7/14/22

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Most Violations Remediated
	Good job with cleaning surfaces
	- Test strips ordered
NOTE	[Doors shall remain closed to prevent pests from entering - Front Door to establishment was open
	Men's Rm Light will be replaced
	Women's Rm will have covered trash can
	No smell coming from hand sink during inspection
	Issued Satisfactory

Signature of Individual Completing Form

Philip Morell

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