

## 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 <i>Eun Seok Hwang</i>			ESTABLISHMENT TRADING NAME <i>GONG CHA</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>400 Commons Way # 3225</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 <input checked="" type="checkbox"/> 1 RETAIL <input type="checkbox"/> 2 POOL <input type="checkbox"/> 3 CAMP <input type="checkbox"/> 4 OTHER		ESTABLISHMENT CODE		<input checked="" type="checkbox"/> 1 INITIAL INSPECTION <input type="checkbox"/> 2 REINSPECTION <i>(other than initial inspection)</i>	
		GOODS			
		<input type="checkbox"/> 1 DESTROYED <input type="checkbox"/> 2 EMBARGOED		DATE	BEGIN
				END	
				<i>10/27/2022</i>	
EVALUATION					
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <div style="text-align: center; font-size: 1.2em;"><i>PASS Pro Operation Inspection</i></div>					
OFFICIAL(S)					
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>		
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 Timbo Parker</i>  <i>R.E.H.S.</i>		
			INSPECTOR'S SIGNATURE <i>Patricia Timbo 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.)  
Song CFA

Date  
10/27/2022

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Pre Operational Inspection
	Menu: Bubble Tea only
	Handwash sink ok
	3 comp sink ok. Steramine Tablets & test strips ok
	All refrigeration at 41°F or below + digital display
	Prep sinks ok
	mop sink ok
	thermometer ok
	Okay to bring in food
	* Please call once food is in for the Rating Inspection.
	Note: grease trap under 3 comp sink
	Note: ServSafe in file
	Note: Will get Exterminator once open
	<u>PASS</u> Preoperational Inspection

Signature of Individual Completing Form  
*[Signature]*

Signature of Owner of Facility, Establishment, etc. if required  
*[Signature]*