

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 - Raymond</i> | | ESTABLISHMENT TRADING NAME <i>House of Wong</i> | | |
| NUMBER AND STREET | COUNTY | NUMBER AND STREET | COUNTY | |
| | | <i>475 Union Ave</i> | <i>Somerset</i> | |
| MUNICIPALITY | STATE | MUNICIPALITY | ZIP CODE | TELEPHONE NO. |
| | | <i>Bridgewater</i> | <i>08807</i> | <i>908-685-</i> |
| ZIP CODE | COMUN. CODE | ESTABLISHMENT STATE LICENSE NO. (if appl.) | COMUN. CODE | |
| | | | <i>0357</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 <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED | TIME - (2400 HOURS) | | |
| | | DATE | BEGIN | END |
| | | <i>8/11/22</i> | <i>2:45pm</i> | <i>3:15pm</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> |
| | 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.)

House of Wong

Date

8/11/22

BRIDGEWATER TOWNSHIP

| Item No. | Remarks |
|------------------------------------|--|
| | Ice Machine - scoop inside unit - Improperly stored - provide a protected scooper - Clean the inside of unit |
| | (Kitchen) Bathroom - to be self-closing - provide spring to allow closure on its own |
| | Hand Sinks - Remediated - Accessible |
| | - Back door - screen - adjust |
| | Hoods to be cleaned tomorrow 8/12 *Email receipt and photos of cleaned hoods |
| ISSUED Satisfactory | |

Signature of Individual Completing Form

Frank Spill

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

[Signature]

PAGE

OF

PAGES