

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>Loft Farms</i> | | | |
| NUMBER AND STREET | | COUNTY | | NUMBER AND STREET | | COUNTY | |
| | | | | <i>2 Stevens Lane</i> | | <i>Somerset</i> | |
| MUNICIPALITY | | STATE | | MUNICIPALITY | ZIP CODE | TELEPHONE NO. | |
| | | | | <i>Bridgewater Twp</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 type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i> | | |
|--|--|--|-------|-----|
| <input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER | <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED | TIME - (2400 HOURS) | | |
| | | DATE | BEGIN | END |
| | | <i>5/20/22</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>Patricia Timko-Parker</i> R.E.H.S. |
| | INSPECTOR'S SIGNATURE <i>Patricia Timko-Parker</i> |
| HEALTH OFFICER <i>Kevin Sumner</i> | INSPECTOR'S PERM. REG. NO. <i>B1934</i> |

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

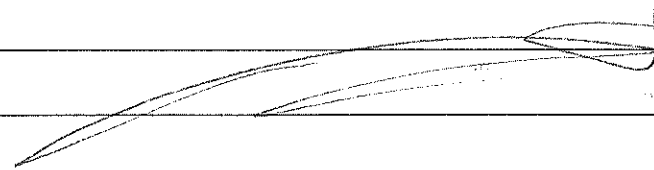
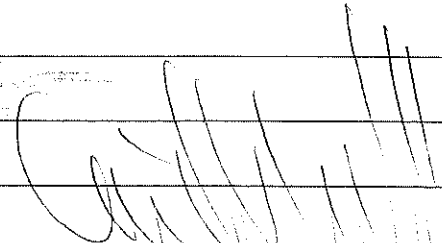
Name (Individual, Facility, Establishment, etc.)

Loft Farms

Date

5/20/22

BRIDGEWATER TOWNSHIP

| Item No. | Remarks |
|----------|--|
| | CHLORINE S.O |
| | PH 7.0 |
| | <u>Preoperational Inspection</u> |
| | * Cover for the Fill spigot |
| | * FAR RAILING / main RAILING loose. |
| | - restrooms ok |
| | - safety equipment ok |
| | - signage ok |
| | - shut off ok |
| | * Need batteries for emergency phone |
| | POSTED SATISFACTORY |
| |  |
| |  |

Signature of Individual Completing Form

Patricia Thibault

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