

## BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

### IDENTIFICATION

OWNER INFORMATION <small>(Complete this section only if different from establishment information)</small>				ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT				ESTABLISHMENT TRADING NAME <i>Marshall's #0743</i>		
NUMBER AND STREET		COUNTY		NUMBER AND STREET		COUNTY
				<i>125 Promenade Blvd</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 type="checkbox"/> REINSPECTION <small>(other than initial inspection)</small>		
<input checked="" type="checkbox"/> RETAIL		TIME - (2400 HOURS)		
<input type="checkbox"/> POOL	GOODS	DATE	BEGIN	END
<input type="checkbox"/> CAMP	<input type="checkbox"/> DESTROYED	<i>3/25/2021</i>		
<input type="checkbox"/> OTHER	<input type="checkbox"/> EMBARGOED			

### 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> REHS
	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.)

MARSHALLS # 0743

Date

3/25/2021

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Only pre-packaged foods Expiration dates checked every 2 weeks Exterminator once a month
	no violations at the time of inspection.
	Rating Satisfactory

Signature of Individual Completing Form

*Patricia M. Pate*

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

*Marcus A. ...*