

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>Michael's #9938</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		<i>135 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 <i>(other than initial inspection)</i>		
<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>10/25/2022</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 Timber-Parker</i> R.E.H.S.
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>61934</i>

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

MICHAEL'S 9938

Date

10/25/2022

BRIDGEWATER TOWNSHIP

Item
No.

Remarks

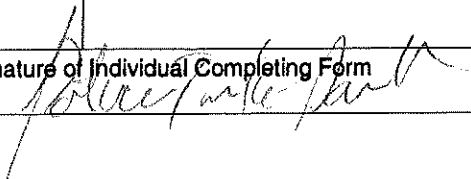
Note: Only pre-packaged snacks & candy for sale.

RESTROOMS OK

Exterminator - comes out 1x month.

POSTED SATISFACTORY

Signature of Individual Completing Form



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

