

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 PIC - Bliss		ESTABLISHMENT TRADING NAME Nathan's		
NUMBER AND STREET	COUNTY	NUMBER AND STREET	COUNTY	
		400 Common's Way #471		
MUNICIPALITY	STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
		Bridgewater	08807	908-524-
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
			4115	

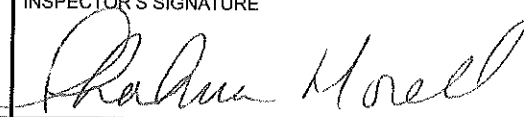
INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input type="checkbox"/> INITIAL INSPECTION <input checked="" type="checkbox"/> REINSPECTION <small>(other than initial inspection)</small>		
<input checked="" type="checkbox"/> RETAIL		TIME - (2400 HOURS)		
<input type="checkbox"/> POOL		DATE	BEGIN	END
<input type="checkbox"/> CAMP	<input type="checkbox"/> DESTROYED	12/14/21	3:30pm	
<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 Shahira Morell REHS
	INSPECTOR'S SIGNATURE 
HEALTH OFFICER Kevin Sumner	INSPECTOR'S PERM. REG. NO. B-1164238

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Re-inspection

Name (Individual, Facility, Establishment, etc.) Nathan's

Date 12/14/21

BRIDGEWATER TOWNSHIP PIC - Bliss

Item No.	Remarks
	Food Safety Cert. Manny Abdelmegid exp. 6/28/22

* STILL TO DO:

- Front hand Sink - plumber coming tomorrow
- Fryer - waiting for delivery + look at order form by end of December
- Clean wall between Air Conditioner + Stove Hood Grease Accumulation

Remediations Satisfied

- Walk-in leak
- Oil stored OFF FLOOR
- Hood serviced
- Hand sink stocked
- Exterminator service - Dec 13, 2021
- 2x month

ISSUED Satisfactory

Good job!

*keep REHS updated when items are delivered & installed = Fixed

Signature of Individual Completing Form

[Handwritten Signature]

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

[Handwritten Signature]