


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 - Ayesha</i>			ESTABLISHMENT TRADING NAME <i>News Corner Corp.</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>400 Commons Way # 3345</i>		<i>Somerset</i>
MUNICIPALITY		STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
			<i>Bridgewater</i>	<i>08807</i>	<i>732-762-</i>
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
				<i>2813</i>	
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 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
				<i>11/23/21</i>	<i>3 pm</i>
				END	
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND TELEPHONE NUMBER			INSPECTOR'S NAME AND TITLE		
Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750			<i>Shahira Morell</i> REHS		
			INSPECTOR'S SIGNATURE		
					
HEALTH OFFICER			INSPECTOR'S PERM. REG. NO.		
<i>Kevin Sumner</i>			<i>B-164238</i>		

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

News Corner Corp

Date

11/23/21

BRIDGEWATER TOWNSHIP

Item No.

Remarks

PIC - Ayesha

No food prepared on site

Only prepackaged items and drinks sold.

Note - Only extra stock is on drinks.

Only - purchase enough of prepackaged to keep out on wall and shelves

Refrigeration temps good

* Add a thermometer to the Fridge with Dairy products in Boylan Unit

~~Issued Satisfactory~~

Signature of Individual Completing Form

Shamir Moll

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

X [Signature]

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