

## BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION					
<b>OWNER INFORMATION</b> <i>(Complete this section only if different from establishment information)</i>			<b>ESTABLISHMENT INFORMATION</b>		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT			ESTABLISHMENT TRADING NAME <i>Norman's Hallmark</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>333 U.S. Hwy 202</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					
<b>TYPE OF ESTABLISHMENT</b>		<b>ESTABLISHMENT CODE</b>		<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
<input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER					
		<b>GOODS</b>		<b>TIME - (2400 HOURS)</b>	
		<input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED		DATE	BEGIN
				<i>2/23/2023</i>	
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
OFFICIAL(S)					
<b>LOCAL BOARD OF HEALTH</b>			<b>INSPECTING OFFICIAL</b>		
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>		
			INSPECTOR'S SIGNATURE <i>Patricia Timko-Parker</i>		
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.)

Norman's Hallmark

Date

2/23/2023

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Note: Only prepackaged food Risk 1
	Note: ALL Food off the floor in back storeroom.
	Note: NO samples given <del>up</del> out
	NO violations @ time of inspection
	<u>Posted Satisfactory</u>
	Exterminator Cooper Pest Control. PIC states no issues at this time.

Signature of Individual Completing Form

*Patricia Marie Parker*

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

*[Signature]*