

## 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>Norman's Hallmark</i>		
NUMBER AND STREET		COUNTY		NUMBER AND STREET		COUNTY
				<i>333 US HWY 202</i>		<i>Somerset</i>
MUNICIPALITY		STATE		MUNICIPALITY	ZIP CODE	TELEPHONE NO.
				<i>Bridgewater</i>	<i>08807</i>	<i>908-725-1412</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 <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER	<b>GOODS</b> <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>3/3/2021</i>		

### 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>  R.E.H.S.
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.)

Norman's Hallmark

Date

3/3/2021

BRIDGEWATER TOWNSHIP

Item  
No.

Remarks

Note: Only prepackaged food.

Note: If any excess food will be stored in back storeroom 6" at least off floor

Note: No samples given out

No violations at the time of the inspection

Posting Satisfactory

Signature of Individual Completing Form

*Alan J. Pate*

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

*[Signature]*

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