

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 - Byron</i>		ESTABLISHMENT TRADING NAME <i>Panatieristizza = Pasta</i>			
NUMBER AND STREET COUNTY		NUMBER AND STREET COUNTY			
		<i>1910 Washington Valley Rd</i>		<i>Somerset</i>	
MUNICIPALITY	STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.	
		<i>Martinsville</i>	<i>08836</i>	<i>732-469-</i>	
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE		
			<i>2996</i>		

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input type="checkbox"/> INITIAL INSPECTION <input checked="" 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	GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>10/25/22</i>	<i>1 pm</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>Shahira Morell</i> <i>REHS</i>
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B-164238</i>

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Panatieris Pizza

Date

10/25/22

BRIDGEWATER TOWNSHIP

Item No.

PIC - Byron

Remarks

- Refrigeration Unit was removed by windows in kitchen

- Ref. temp of Unit in front of store Good

NOTE * Will create label for Desserts w/Name, ingredients list etc.

- Other concerns remediated

- Initial Inspection Placard - Conditional - was not posted

Grease Trap Serviced by Big Mikes Inc on 6/2/22

~~ISSUED
SATISFACTORY~~

Signature of Individual Completing Form

[Signature]

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

[Signature]

PAGE

OF

PAGES