

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		ESTABLISHMENT TRADING NAME <i>Passages</i>		
NUMBER AND STREET	COUNTY	NUMBER AND STREET <i>116 4th Ave</i>	COUNTY <i>Somerset</i>	
MUNICIPALITY	STATE	MUNICIPALITY <i>Bridgewater</i>	ZIP CODE <i>08807</i>	TELEPHONE NO.
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 <small>(other than initial inspection)</small>		
<input type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input checked="" type="checkbox"/> OTHER <i>Shelter</i>	GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>6/17/2021</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> <i>R.E.H.S.</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.)

PASSAGES

Date

6/17/2021

BRIDGEWATER TOWNSHIP

Item No.

Remarks

Boys section

Refrigerator @ 39°F freezer basement - ok.
freezer upstairs ok.

3/1/4.2c(1)

* Refrigerator in kitchen needs thermometer

* kitchen dishwasher - work order in to

4/5/4.9h repair

Soap, paper towels ok

Wash, rinse, sanitize with bleach

Girls Section

1/19/6.2a * Surfaces not clean to sight. PIC instructed staff to clean inside of refrigerator and all the counter and cabinet surfaces.

Dry Storage - ok

Soap, paper towels ok

Bleach used to wash, rinse, sanitize.

Rating Satisfactory

Signature of Individual Completing Form

Patricia L. Park

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

[Signature]

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