

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>Quick Check</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>361 Union Avenue</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					
TYPE OF ESTABLISHMENT <input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input type="checkbox"/> OTHER		ESTABLISHMENT CODE GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED		<input checked="" type="checkbox"/> INITIAL INSPECTION <i>Preoperational</i> <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
				TIME - (2400 HOURS)	
		DATE	BEGIN	END	
		<i>10/26/2022</i>			
EVALUATION					
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <i>Preoperational of Deli Remodel. <i>JK</i></i>					
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>		
			INSPECTOR'S SIGNATURE <i>Patricia Timko Parker</i>		
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.)

Quick Check

Date

10/26/2022

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	<p>Preoperational Inspection of new equipment in the deli section of Quick Check. All units except the center grab n-go below 41°F. Grab n-go had just been plugged in. Advised PIC that grab n-go can be used once verified that 41°F or below. Okay to start using new deli equipment.</p>
	<p>Note: During next phase of construction in coffee bar area, all food items shall be relocated to prevent contamination and all equipment or utensils washed after construction complete and prior to using. Advised PIC to call for a Rating Inspection once construction is complete.</p>
	<p>PASS For Preoperational of Deli Area</p>

Signature of Individual Completing Form

[Handwritten Signature]

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