

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

Return 2nd weeks

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 - Praneeth</i>		ESTABLISHMENT TRADING NAME <i>Rahi Store</i>		
NUMBER AND STREET COUNTY		NUMBER AND STREET COUNTY		
		<i>1302 Prince Rodgers Ave Somerset</i>		
MUNICIPALITY	STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
		<i>Bridgewater</i>	<i>08807</i>	<i>908-450-</i>
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
			<i>7999</i>	

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	GOODS	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>10/21/22</i>	<i>3:30pm</i>	
	<input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED			

EVALUATION

SATISFACTORY

CONDITIONALLY SATISFACTORY

UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER <i>Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750</i>	INSPECTOR'S NAME AND TITLE <i>Shahira Morell</i>
	INSPECTOR'S SIGNATURE <i>Shahira Morell</i>
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B-164.238</i>

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

Rahi Store

Date

10/21/22

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	PIC - Praneeth Pre packaged Foods + produce
	Refrigeration Temps Good $\leq 41^{\circ}\text{F}$ Freezer Temps Good
	* Hot Holding Unit WAS OFF and there are Foods held: * Hot Holding shall be $135^{\circ}\text{F} +$ Currently at $68 - 69^{\circ}\text{F}$ Foods Held: Homemade Samosa* Dalwada* - Idly w/sambar* - Coconut burfi "Dessert/pasty"
	* Provide Thermometer to monitor temp * Food Foods need to be properly labeled: Review Parts of a Food label Poster - Required on All packaged Foods: Name of Food, Name/Address of Responsible Firm, List of Ingredients
	Received Delivery Today Reminder - Food storage shall be 6" OFF FLOOR BAG OF ONIONS ON FLOOR
	Baskets of Cucumbers ON FLOOR

ISSUED
CONDITIONAL

Signature of Individual Completing Form

[Handwritten Signature]

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

[Handwritten Signature]