

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>RAHI</i>		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
			<i>1302 Prince Lodgers BLVD</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 <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>	
				TIME - (2400 HOURS)	
		DATE	BEGIN	END	
		<i>9/28/2021</i>			
EVALUATION					
<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> CONDITIONALLY SATISFACTORY <input type="checkbox"/> 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 Tinks Parker</i> <i>REHS</i>		
			INSPECTOR'S SIGNATURE <i>Patricia Tinks 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.)

RAM

Date

4/28/2021

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	No violations at time of inspection.
	Note: All cold holding $24/1^{\circ}F$ All frozen food OK
	Prepackaged food + produce
	Satisfactory

Signature of Individual Completing Form

[Handwritten Signature]

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

[Handwritten Signature]