

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>The Taste of Target + Starbucks</i>		
NUMBER AND STREET		COUNTY		NUMBER AND STREET		COUNTY
				<i>200 Promenade</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	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <i>Preoperational</i> <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 <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		<i>8-10-2022</i>		

EVALUATION

SATISFACTORY
 CONDITIONALLY SATISFACTORY
 UNSATISFACTORY

NO Rating Yet - Preoperational Inspection - PASS

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> R.E.H.S.
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.)

The Taste of Target + Starbucks

Date

8-10-2022

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Preoperational - Pass
	COLD HOLDING - OK
	Handwash sinks OK
	3 comp. sink - Quat sanitizer 200 ppm
	Automatic Dishwasher - Final rinse above 180°F
	Back Area - walk-in freezer OK
	Note: walk-in fridge OK. Temp. Doors. Permanent Doors scheduled to arrive Aug. 15th 2022.
	Okay to bring Food Produced in
	Rating to happen at next inspection
	Once Food is brought in - please call for next inspection.
	Note: To submit current Food Manager Certificate - Food Handling / Safety Certificate
	Note: Grease Trap receipts also emailed to Health Division if not already
	Note: Exterminator comes monthly - post calendar or trap receipts onsite.

Signature of Individual Completing Form

Patricia M. Parker

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

AD