

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 PIC-Ranae		ESTABLISHMENT TRADING NAME The Learning Experience		
NUMBER AND STREET COUNTY		NUMBER AND STREET COUNTY		
		1940 US 22 E		
MUNICIPALITY	STATE	MUNICIPALITY	ZIP CODE	TELEPHONE NO.
		Bound Brook	08805	732-893-
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
			8406	


INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
<input type="checkbox"/> RETAIL <input type="checkbox"/> POOL <input type="checkbox"/> CAMP <input checked="" type="checkbox"/> OTHER	GOODS <input type="checkbox"/> DESTROYED <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
		DATE	BEGIN	END
		10/25/22	12 pm	

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 Shahira Morell REHS
	INSPECTOR'S SIGNATURE 
HEALTH OFFICER Kevin Sumner	INSPECTOR'S PERM. REG. NO. B-164238

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

The Learning Express

Date

10/25/22

BRIDGEWATER TOWNSHIP

Item No.	PIC - Ranae	Remarks
	No Lunch Program	ServSafe: Jennifer S.
	Serve AM & PM snack	exp: 9/25/24
	Kids bring in own lunch	
	* NOT MAKING Foods besides warming	Pest Control: Viking
	Sanitizer used - Bleach oatmeal	last on 10/4/22
NOTE	Test Strips Required to measure concentration of 50 ppm - 100 ppm * DO HAVE ONSITE	
	# Students 89	* Grease Trap last serviced
	9 Classes 3 - Pre-K	9/10/ email info
	1 - Kindergarten	
	2 - Infant	
	3 - Toddler	
NOTE:	Post Inspection Placard + ServSafe for parents to see	
ISSUED SATISFACTORY		
Signature of Individual Completing Form	Signature of Owner of Facility, Establishment, etc. if required	