

BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION <small>(Complete this section only if different from establishment information)</small>		ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT <i>PIC - Karly</i>		ESTABLISHMENT TRADING NAME <i>The Learning Experience</i>		
NUMBER AND STREET <i>1940 US 22 East</i>	COUNTY	NUMBER AND STREET <i>1940 US 22 East</i>	COUNTY <i>Somerset</i>	
MUNICIPALITY	STATE	MUNICIPALITY <i>Bound Brook</i>	ZIP CODE <i>08805</i>	TELEPHONE NO. <i>732-893-</i>
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	<i>8406</i>

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		TIME - (2400 HOURS)		
<input type="checkbox"/> POOL		DATE	BEGIN	END
<input type="checkbox"/> CAMP	<input type="checkbox"/> DESTROYED	<i>12/22/21</i>	<i>11 am</i>	<i>11:45 am</i>
<input checked="" type="checkbox"/> OTHER	<input type="checkbox"/> EMBARGOED			

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 <i>Shahira Morell</i>
	INSPECTOR'S SIGNATURE <i>Shahira Morell</i>
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B-161238</i>

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

The Learning Experience

Date

12/22/21

BRIDGEWATER TOWNSHIP

Item No.

DIC - Karly

Remarks

- Small Kitchen Upstairs

- No food is cooked just heated up - Kids bring in food too

- Pre-packaged snacks:

- 3-Compartment sink used

- Bleach as sanitizer * Purchase Chlorine Test Strips

- Grease Trap in kitchen

Label - Prep Sink

- Hand Sink

ServSafe Jennifer Sadowski

Shahira Morill exp 9/25/24

Shahira Morill

B-1141238

~~Issued
Satisfactory~~

Signature of Individual Completing Form

Shahira Morill

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

Karly

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OF

PAGES



Certificate of Achievement

This certificate is awarded to
JENNIFER SADOWSKI

Congratulations! You have completed
ServSafe® Food Handler
Employee Food Safety Online Course and Exam



#0655
ASTM E2659
Certificate Issuer

National Restaurant Association
233 S. Wacker Drive, Suite 3600
Chicago, IL 60606-6383
800.765.2122 in Chicago area 312.715.1010
Restaurant.org | ServSafe.com

Certificate Number **5264511** Date **9/25/2021**
Expiration Date **9/25/2024**

