

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>David Walker</i>				ESTABLISHMENT TRADING NAME <i>VISIONS + PATHWAYS</i>		
NUMBER AND STREET		COUNTY		NUMBER AND STREET		COUNTY
				<i>49 Brahma</i>		<i>Somerset</i>
MUNICIPALITY		STATE		MUNICIPALITY	ZIP CODE	TELEPHONE NO.
				<i>Bridgewater</i>	<i>08807</i>	<i>8908</i>
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)		COMUN. CODE	
					<i>5266605</i>	

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <small>(other than initial inspection)</small>		
<input type="checkbox"/> RETAIL				
<input type="checkbox"/> POOL		TIME - (2400 HOURS)		
<input type="checkbox"/> CAMP	GOODS	DATE	BEGIN	END
<input checked="" type="checkbox"/> OTHER <i>Shelter</i>	<input type="checkbox"/> DESTROYED	<i>6/17/2021</i>		
	<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>Patricia Timko Parker</i> <i>R.E.H.S.</i>
	INSPECTOR'S SIGNATURE <i>Patricia Timko 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.)

Visions & Pathways

Date

6/17/2021

BRIDGEWATER TOWNSHIP

Item No.	Remarks
	Shelter 13-17 years old.
	Residents use kitchen to make food with staff.
	Serv Safe - Tammy WOODARD exp. 6/14/2024
	Chlorine Bleach to sanitize.
	Viking Exterminator - once a month
	Fridge - 32°F Freezer - 38°F
	Dry storage freezer - -9°F
	Breakfast, lunch, dinner menu posted.
	Posted Satisfactory

Signature of Individual Completing Form

Patricia Miller

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

[Signature]