

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>Whitney House</i> | | |
| NUMBER AND STREET | COUNTY | NUMBER AND STREET | COUNTY | |
| | | <i>2 Whitney Ct EAST</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 | |

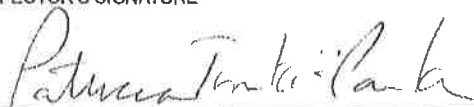
INSPECTION

| TYPE OF ESTABLISHMENT | ESTABLISHMENT CODE | <input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than Initial inspection)</i> | | | | | | | |
|---|--|---|--|--|------|-------|-----|------------------|--|
| | GOODS | TIME - (2400 HOURS) <table border="1"> <tr> <th>DATE</th> <th>BEGIN</th> <th>END</th> </tr> <tr> <td><i>6/17/2021</i></td> <td></td> <td></td> </tr> </table> | | | DATE | BEGIN | END | <i>6/17/2021</i> | |
| DATE | BEGIN | END | | | | | | | |
| <i>6/17/2021</i> | | | | | | | | | |
| <input type="checkbox"/> 1 RETAIL <input type="checkbox"/> 2 POOL <input type="checkbox"/> 3 CAMP <input checked="" type="checkbox"/> OTHER <i>Shelter</i> | <input type="checkbox"/> 1 DESTROYED <input type="checkbox"/> 2 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>Patricia Timko Parker</i> <i>R.E.H.S.</i> |
| | INSPECTOR'S SIGNATURE  |
| HEALTH OFFICER <i>Kevin Sumner</i> | INSPECTOR'S PERM. REG. NO. <i>B1934</i> |

