## New Jersey Department of Health Consumer, Environmental and Occupational Health Service Food and Drug Safety Program P.O. Box 369, Trenton, NJ 08625-0369 609-826-4935

## **REPORT OF INSPECTION**

## **ASSIGNMENT # 14030**

License/ID #			J9-020-4933	Sub C	`otoo	ion/		ΙΛ.	stivity Typ				Eve	Justian		
				Sub-Category				Activity Type					Evaluation			
153 Youth Camp			L	T				Not Open				Not Applicable				
Name of Owner(s), Partnership or Corporation					Trade Name						E-mail Address					
American	В	Baptist Camp & Confr Ctr dsmith@abcnj.net										et				
Establishment Location (Street Address)					City				Zip Code			County		Telepho	Telephone No.	
79 Blossom Hill Road					Lebanon						Hunt		908-892-5427			
Establishment Mailing Address (if different)					Changes					Revised		Information:				
			. ,			J										
Name of Insp		REHS Lic. #			Est.	Code:	Total Hours:		Re	Reinspection on or After:						
Maria Malgieri					B-2422				4.5							
TIME/ACTIVITY REPOR					T (Codes: 1-Travel											
Date	Code	Began	Ended	Date	•	Code			Ended		Date		Code	Began	Ended	
8-12-20	1	0900	1030			2	10	30	104	5			1	1045	1300	
Itom	3	1500	1530					_								
Item		<b>Remarks</b> $R = Repeat \ Violation \ from \ the \ previous \ inspection$														
			mpty with no													
Signature of Inspecting Official						Name of Person Receiving Copy of Report										