## 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 # 14113**

License/ID #	License/ID # Category 3274 Youth Camp		amp	Sub-Category				Activity Type Not Open						Evaluation  Not Applicable			
Name of Owner(s), Partnership or Corporation  Special Parent Advocacy Group					Trade Name Camp SPAG				E-mai					    Address  HITFIELD@TSPAG.OR			
Establishment Location (Street Address)  20 Scotch Road, Suite E					City Ewing					Code	County		Т	Telephone No. (609) 203-5995			
Establishment Mailing Address (if different)					Changes			Re			Revised	vised Information:					
Name of Inspecting Official  Ryan Reighn					REHS Lic. # <b>B-2407</b>				Code:	Total Hours: .5		R	Reinspection on or After:				
TIME/ACTIVITY REPORT						Γ (Codes: 1-Travel, 2-			nspection, 3-Admin			nistration, 4-Perso			onal)		
Date	Code	Began	Ended	Date	)	Code	Bega	ın	n Ended		Date		e Code		legan	Ended	
8/3/20	2	1100	1130														
Item		Remarks  R = Repeat Violation from the previous inspection															
			call and ema												email	that the	
Signature of Inspecting Official							Nam	Name of Person Receiving Copy of Report									