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

REPORT OF INSPECTION

ASSIGNMENT # 14164

License/ID#	ense/ID # Category			Sub-Category				Activity Type					Eva	Evaluation		
3174 Wholesale							1	Not Open					Not Applicable			
Name of Owner(s), Partnership or Corporation					Trade Name							E-mail Address				
Sovereign Care Services					Camp Bridges thelma@sovereignovices.com											
Establishment Location (Street Address)					City					Zip	p Code County		ınty	y Telephone No.		
1346 How Lane Units 104-106					New Brunswick					0	8902	M	idd	(609	(609) 450-3504	
Establishment Mailing Address (if different)					Changes					Revised Inform			rmatior	nation:		
Name of Inspecting Official					REHS Lic. # Est. Code					Total Hours:			Re	Reinspection on or After:		
Jaime Ahn					B-159736											
TIME/ACTIVITY REPOR								nspection, 3-Administration			nistration,	, 4-Personal)				
Date	Code	Began	Ended	Date		Code	Bega	an	Ende	d	Date		Code	Began	Ended	
8/24/20	3				+	1										
Item								2000	wlco.							
NJAC 8:2	5-	Remarks R = Repeat Violation from the previous inspection														
			Wilson, Pres	sident	, cam	np die										
Signature of						Person a Wils o		eiving Co _l	py of	Repor	t					