SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: 7-Eleven (Franchise)

NUMBER AND STREET: | COUNTY:

MUNICIPALITY: | STATE:

ZIP CODE: | COMUN. CODE:

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: 7-Eleven

NUMBER AND STREET: 259 Nassau St. | COUNTY: Mer

MUNICIPALITY: Princeton | ZIP CODE: 08540 | TELEPHONE NO.:

ESTABLISHMENT STATE LICENSE NO. (if appl.): | COMUN. CODE:

INSPECTION

TYPE OF ESTABLISHMENT

- [X] 1 RETAIL
- [ ] 2 OTHER (Specify)
- [ ] 3
- [ ] 4

ESTABLISHMENT CODE

Type 2

GOODS

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

Pre-operational

- [1] 1 INITIAL INSPECTION
- [ ] 2 REINSPECTION *(other than initial inspection)*

TIME - (2400 HOURS)		
DATE	BEGIN	END
11/25/15		

EVALUATION

- [X] *SATISFACTORY*
- [ ] *CONDITIONALLY SATISFACTORY*
- [ ] *UNSATISFACTORY*

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

PRINCETON HEALTH DEPARTMENT
ONE MONUMENT DRIVE
P.O. BOX 390
PRINCETON, NEW JERSEY 08542
609-497-7608

HEALTH OFFICER
Jeffrey C. Grosser

INSPECTING OFFICIAL

INSPECTOR'S NAME AND TITLE: Kerth Levine REHS

INSPECTOR'S SIGNATURE: Kerth Levine

INSPECTOR'S PERM. REG. NO.: B2257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	7-Eleven	Date 11/25/15
Municipality	Princeton	Tel., Code or ID No.

Item No.	Remarks
	* Pre-operational Inspection
	- Notes -
	All equipment functioning and ready for use
	Refrigeration running at 41° or below
	Open showcases running at 41° or below
	Freezers running at about 3°
	Handwash sinks properly set up w/ hot water, soap & paper towels
	Patron area and restrooms properly set up
	All sinks functioning properly, drains & gaps ok
	Garbage & recycling pick-up to be set up
	Rubicon to used - No receptacles on site yet
	* Please have delivered prior to opening
	Outside Facility well maintained
	* Please be sure to have trash and recycling containers in front of store prior to opening
	* OK to stock w/ food after CO is obtained from Building Dept.
	Please post Satisfactory Placard in public view

Signature of Individual Completing Form

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