# SANITARY INSPECTION REPORT

## IDENTIFICATION

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Sweek Patel

NUMBER AND STREET | COUNTY:

MUNICIPALITY: email | STATE:
sweekrpatel@gmail.com

ZIP CODE | COMUN. CODE: Store #
609-430-4790
cell:- 201-927-1139

### ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: 7-Eleven

NUMBER AND STREET: 259 Nassau St | COUNTY: Mer

MUNICIPALITY: Princeton | ZIP CODE: 08540 | TELEPHONE NO.: 609 430 4790

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

## INSPECTION

**TYPE OF ESTABLISHMENT**
- [X] RETAIL
- [2] OTHER (Specify)
- [3]
- [4]

**ESTABLISHMENT CODE**
Type 2

**GOODS**
- [1] DESTROYED
- [2] EMBARGOED

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

| TIME - (2400 HOURS) | | |
|---|---|---|
| DATE | BEGIN | END |
| 4/21/16 | | |
| | | |

## EVALUATION

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

## OFFICIAL(S)

### LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

PRINCETON HEALTH DEPARTMENT
ONE MONUMENT DRIVE
PRINCETON, NEW JERSEY 08540
609-497-7608

HEALTH OFFICER: Jeffrey C. Grosser

### INSPECTING OFFICIAL

INSPECTOR'S NAME AND TITLE: Keith Levine REHS

INSPECTOR'S SIGNATURE: Keith Levine

INSPECTOR'S PERM. REG. NO.: B2251

## CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

| Name (Individual, Facility, Establishment, etc.) | Date |
|---|---|
| 7-Eleven | 4/21/16 |
| **Municipality** | **Tel., Code or ID No.** |
| Princeton | |

| Item No. | General Condition: Very Good — Remarks |
|---|---|
| 3.5 | Hot hold unit for breakfast sandwiches running below 135°. * Food must be kept at 135° or above |

- Notes -

Refrigeration temps @ 41° or below
Freezer temps @ 0°
Walk-in box well maintained
Open showcases functioning properly
Hot holding for hot dogs @ 135° or above
Handwash sinks properly set up w/ soap, hot water & paper towels
Gloves & utensils used when handling ready-to-eat foods
Self-serv area maintained
Patron area & restrooms maintained
Recycling policy in place
Dumpster area maintained
No food prep done on site - just heating of cooked foods.

* Owner information is needed for our records and food handler renewal of license. Please provide us w/ this information within 1 week to avoid penalties.
* Name, address, contact phone number (Not the store number)
* Recieved 4/21/16 @

| Signature of Individual Completing Form | Signature of Owner of Facility, Establishment, etc., if required |
|---|---|
| Keith Turner | X Jamish |