SANITARY INSPECTION REPORT

IDENTIFICATION

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Marco Gonzalez

NUMBER AND STREET: 274 Clamen Rd

COUNTY: Mercer

MUNICIPALITY: Ewing

STATE: NJ

ZIP CODE: 08828

COMUN. CODE:

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: Aurelio's Cocina Latina

NUMBER AND STREET: 414 Leigh Ave

COUNTY: Mercer

MUNICIPALITY: Princeton

ZIP CODE: 08540

TELEPHONE NO.: 609-924-3540

ESTABLISHMENT STATE LICENSE NO. (if appl.):

COMUN. CODE:

INSPECTION

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

ESTABLISHMENT CODE: Risk 3

GOODS
- [1] DESTROYED
- [2] EMBARGOED

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

TIME - (2400 HOURS)		
DATE	BEGIN	END
6/2/2015	—	—

EVALUATION

☐ *SATISFACTORY* ☐ *CONDITIONALLY SATISFACTORY* ☐ *UNSATISFACTORY*

No Rating Given – Re-Inspect in 2-3 week

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: Randy Horton Jr. REHS

INSPECTOR'S SIGNATURE: Randy L Horton

INSPECTOR'S PERM. REG. NO.: B1805

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
Arrellios Corina LaPina	5/26/2015
Municipality	**Tel. Code or ID No.**
Princeton	609-924-3540

Item No.	Remarks
	6am - 9pm M-Th Fri, Sat. Sunday 6am - 10pm
MINO -	NEED Hard copy of Menu - ON Register
	Planned opening date June 1, 2015
(1)	Shall be required prior to opening
(2)	Contract for a Walk-In Refrigeration unit
(3)	~~Use~~ Reach-In Freezer prior to opening
(4)	Prep Sink w/ INDIRECT drain / floor Sink - as-soon as one can be installed
(5)	Certification for Food Protection Manager - ServSafe can take up to 45-60 days
(6)	Supply interior hanging Thermometer for Refrigeration - maintain 41°F at all times
(7)	Deliveries shall be a minimum 2-3 times / week
(5)	Shall be required to contact with a Garbage / waste Company
	Re-Social prior to opening 11am Friday 5/29/2015
	6/2/2015 - Fire Subcode Official - Approval for Exhaust Hood
	Has Contract for Walk-In Box - See Attached approx 30 days
	Prep Sink by 6/12/2015 (approx)
	~~Heat~~
	Approved to operate as a Retail Food Establishment on Condition of a Continuous Certificate of Occupancy

Signature of Individual Completing Form	Signature of Owner of Facility, Establishment, etc., if required
6/2/2015 Ralph Cast	Marco [illegible] 6/2/15