SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION (Complete this section only if different from establishment information)		ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT Manager - Ray Smalley - Same		ESTABLISHMENT TRADING NAME Blue Ridge Mountain Sports		
NUMBER AND STREET	COUNTY	NUMBER AND STREET 201 N. Harrison St	COUNTY	
MUNICIPALITY	STATE	MUNICIPALITY Princeton	ZIP CODE 08540	TELEPHONE NO. 609-921-6078
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.) F2014	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE

Risk Type 1

GOODS

- [1] DESTROYED
- [2] EMBARGOED

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

TIME - (2400 HOURS)		
DATE	BEGIN	END
6/12/2015		

EVALUATION

- [x] *SATISFACTORY*
- [ ] *CONDITIONALLY SATISFACTORY*
- [ ] *UNSATISFACTORY*

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print) PRINCETON HEALTH DEPARTMENT ONE MONUMENT DRIVE P.O. BOX 390 PRINCETON, NEW JERSEY 08542 609-497-7608	INSPECTOR'S NAME AND TITLE Randy F Carter Sr. REHS
	INSPECTOR'S SIGNATURE Randy F Carter
HEALTH OFFICER Jeffrey C. Grosser	INSPECTOR'S PERM. REG. NO. B1501

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
Blue Ridge Mountain Sports	1/12/2014
Municipality	**Tel., Code or ID No.**
Penn Yan	6049 -

Item No.	Remarks
*	No preparation of any foods or food products on site
*	Pre-Packaged foods only -
*	Bathrooms - IN compliance
	Dressing Rooms - Good
	Recycling for Cardboard -
	Storage Rooms - Good
	Cautionary Measures - Hand Washing esp during Flu Season
	Posted Satisfactory

Signature of Individual Completing Form: Wesley J Cash

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