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: Margaret Coppola			ESTABLISHMENT TRADING NAME: Bramwell House		
NUMBER AND STREET	COUNTY		NUMBER AND STREET: 53 Paul Robeson Pl	COUNTY: Mer	
MUNICIPALITY	STATE		MUNICIPALITY: Princeton	ZIP CODE: 08542	TELEPHONE NO.: 609.497.2100
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE: X 305	

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE: Type 1

GOODS

- [1] DESTROYED
- [2] EMBARGOED

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

TIME - (2400 HOURS)		
DATE	BEGIN	END
5/23/12		

EVALUATION

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

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print): PRINCETON REGIONAL HEALTH DEPARTMENT ONE MONUMENT DRIVE P.O. BOX 390 PRINCETON, NEW JERSEY 08542 609-497-7608	INSPECTOR'S NAME AND TITLE: Keith Levine REHS
	INSPECTOR'S SIGNATURE: Keith Levine
HEALTH OFFICER: David A.Henry	INSPECTOR'S PERM. REG. NO.: B2257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Bramwell House Princeton	Date 5/24/12
Municipality		Tel., Code or ID No.

Item No.	Remarks
	General condition of facility is very good.
	Employees, students and people holding temp events can access kitchen
	All refrigeration & freezer temps proper
	Handwash sinks properly set up w/ soap, hot water & disposable towels
	Shelving & utensils properly maintained
	Recycling policy in place
	No signs of pest activity
	Outside grounds properly maintained

Signature of Individual Completing Form: Kristi Jerome

Signature of Owner of Facility, Establishment, etc., if required: M Coppola