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: Store Mgr - Sarah		ESTABLISHMENT TRADING NAME: CVS Store #5871	
NUMBER AND STREET: Mgr on-duty - Vance	COUNTY	NUMBER AND STREET: 881 State Rd	COUNTY: Mer
MUNICIPALITY	STATE	MUNICIPALITY: Princeton	ZIP CODE: 08540 / TELEPHONE NO.: 609.683.3680
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE: Type 1

GOODS

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

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

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

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: Keith Levine REHS
	INSPECTOR'S SIGNATURE: Keith Levine
HEALTH OFFICER: Jeffrey C. Grosser	INSPECTOR'S PERM. REG. NO.: B2257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
CVS #5871	11/25/15
Municipality	**Tel., Code or ID No.**
Princeton	

Item No.	General Condition: Remarks
	- Notes -
	All refrigeration temps @ 41° or below
	Freezers running properly
	Pre-packaged goods sold only
	Milk/dairy product dates current
	Food storage proper
	No dust accumulation on shelving or product
	Dry storage areas properly maintained
	Recycling policy in place
	No signs of pest activity
	Restrooms & outside of store well maintained
	Satisfactory posted

Signature of Individual Completing Form: Keith Jenne

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