SANITARY INSPECTION REPORT

IDENTIFICATION

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Manager - Jess Aujla

NUMBER AND STREET: | COUNTY:

MUNICIPALITY: | STATE:

ZIP CODE: | COMUN. CODE:

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: CVS

NUMBER AND STREET: 142 Nassau St | COUNTY: Mer

MUNICIPALITY: Princeton | ZIP CODE: 08542 | TELEPHONE NO.: 609.683.1337

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

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE

Type 1

GOODS

- [1] DESTROYED
- [2] EMBARGOED

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

TIME - (2400 HOURS)		
DATE	BEGIN	END
9/09/14		

EVALUATION

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

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

PRINCETON REGIONAL HEALTH DEPARTMENT
ONE MONUMENT DRIVE
P.O. BOX 390
PRINCETON, NEW JERSEY 08542
609-497-7608

HEALTH OFFICER

David A.Henry

INSPECTING OFFICIAL

INSPECTOR'S NAME AND TITLE: Keith Lennie REHS

INSPECTOR'S SIGNATURE: Keith Lennie

INSPECTOR'S PERM. REG. NO.: B2257

CONTINUATION SHEET
(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.) CVS

MUNICIPALITY Princeton

DATE 9/09/14

TEL., CODE or ID NO.

ITEM NO.

REMARKS

General Condition - Fair

- In Store -

Dust and residue build-up in reach-in refrigerators and freezers. * Please clean more frequently

Some milk gallons found on shelf w/ expired dates

- Outside Rear of Store -

Garbage/trash build-up in rear of building underneath stairs that lead to back door.

Notes:

All refrigeration temps proper - 41° or below
All freezers functioning properly
Open showcases running at proper temps - 41° or below
Shelving properly maintained, no dust build-up
No signs of pest activity
Egg dates current and most milk product dates current
Baby formula & OTC meds checked - dates current
Thermometers available in refrigerator units
Dry storage area maintained
Pre-packaged goods sold only - no food prep is done
Dumpster area is currently well maintained

* Please follow a regular cleaning schedule as put in place from prior inspections

SIGNATURE OF INDIVIDUAL COMPLETING FORM
Keith Levine

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED

MS-5
Revised 6/91