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: Plainsboro Liquors			ESTABLISHMENT TRADING NAME: Carnage Wine & Liquor		
NUMBER AND STREET	COUNTY		NUMBER AND STREET: 301 N. Harrison St	COUNTY: Mer	
MUNICIPALITY	STATE		MUNICIPALITY: Princeton	ZIP CODE: 08540	TELEPHONE NO.: 609. 924. 5700
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.): 1114-44-025-005	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE

Liquor

GOODS

- [1] DESTROYED
- [2] EMBARGOED

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

TIME - (2400 HOURS)		
DATE	BEGIN	END
4/29/15		

EVALUATION

[1] *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: David A.Henry	INSPECTOR'S PERM. REG. NO.: B2257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Caridad Wine & Liquor	Date 1/29/15
Municipality	Princeton	Tel., Code or ID No.

Item No.	Remarks
	General Condition: Excellent
	No milk products or potentially hazardous foods sold
	Refrigeration running at 41° or below
	No accumulation of dust on bottles or shelving
	Dry storage area maintained
	No signs of pest activity
	Walk-in box maintained
	Reminder: check ID for alcohol & tobacco products
	Recycling policy in place
	Restroom maintained
	Satisfactory posted

Signature of Individual Completing Form: Kent Jeune

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