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: Scott Greenberg		ESTABLISHMENT TRADING NAME: Daceria		
NUMBER AND STREET: 77 old Georgetown Rd	COUNTY: Mer	NUMBER AND STREET: 301 N Harrison St	COUNTY: Mer	
MUNICIPALITY: Princeton	STATE: NJ	MUNICIPALITY: Princeton	ZIP CODE:	TELEPHONE NO.: 609.921.9200
ZIP CODE: 08540	COMUN. CODE: (732) 241-2012	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE: Type 2

GOODS

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

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

TIME - (2400 HOURS)		
DATE	BEGIN	END
5/29/15		

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.: B-2257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
Dolcezza	5/29/15
Municipality	**Tel., Code or ID No.**
Princeton	

Item No.	Remarks
	General Condition: Good
6.7	Handwash sink in kitchen requires a soap dispenser.
	- Notes -
	All refrigeration temps at 41° or below
	Desserts sold only - no potentially hazardous foods
	Quat. Ammonium used for sanitizing. Please be sure to keep a sanitizer bucket at all ~~food~~ prep areas. Store cloth rags in this solution to prevent bacterial build-up.
	Showcases at proper temps & well maintained
	Gelato wholesaled to Porto Via on Nassau St.
	No pre-packaging done, gelato sold per order in restaurant.
	Utensils & cookware clean, dry & properly stored
	No signs of pest activity
	Patron area & restrooms properly maintained.
	Gloves and utensils used when handling ready-to-eat foods
	Satisfactory Posted

Signature of Individual Completing Form

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