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: Manager - Riddhi Chauhan			ESTABLISHMENT TRADING NAME: Dunkin Donuts		
NUMBER AND STREET	COUNTY		NUMBER AND STREET: 301 N. Harrison St.	COUNTY: Mer	
MUNICIPALITY	STATE		MUNICIPALITY: Princeton	ZIP CODE	TELEPHONE NO.: 609.683.3838
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 2

GOODS

- [1] DESTROYED
- [2] EMBARGOED

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

TIME - (2400 HOURS)

DATE	BEGIN	END
12/24/14		

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.)	Date
Dunkin Donuts	12/24/14
Municipality	**Tel., Code or ID No.**
Princeton	

Item No.	– Notes – Remarks
	All refrigeration temps at 41° or below
	Bain marie temps at 41° or below
	Handwash properly set up w/ hot water, soap & paper towels
	Employees use gloves & utensils when handling ready-to-eat foods.
	Food storage is proper, milk dates current
	Equipment and utensils clean, dry & stored properly
	Quaternary Ammonium sanitizer used – sanitize buckets in use. (Please change frequently
	Walk-in box properly maintained
	Patron area, restrooms & dumpster area properly maintained
	No significant violations witnessed
	Satisfactory posted in view

Signature of Individual Completing Form: Keith Jeanne

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