SANITARY INSPECTION REPORT

IDENTIFICATION

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Stephen Distler - Owner

NUMBER AND STREET: | COUNTY:

MUNICIPALITY: | STATE:

ZIP CODE: | COMUN. CODE:

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: Elements

NUMBER AND STREET: 66 Witherspoon St. | COUNTY: Mercer

MUNICIPALITY: Princeton | ZIP CODE: 08542 | TELEPHONE NO.: 609-

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

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE: 3

GOODS

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

- [x] 1 INITIAL INSPECTION — Pre-operational
- [ ] 2 REINSPECTION *(other than initial inspection)*

TIME - (2400 HOURS)		
DATE	BEGIN	END
7/31/2015		

EVALUATION

- [ ] SATISFACTORY
- [ ] CONDITIONALLY SATISFACTORY
- [x] UNSATISFACTORY

Marketing must be used until the Certificate of Operation is issued by the TCO

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

PRINCETON HEALTH DEPARTMENT
ONE MONUMENT DRIVE
PRINCETON, NEW JERSEY 08540
609-497-7608

HEALTH OFFICER: Jeffrey C. Grosser

INSPECTING OFFICIAL

INSPECTOR'S NAME AND TITLE: Randy F. Carter Sr. REHS

INSPECTOR'S SIGNATURE: Randy F. Carter

INSPECTOR'S PERM. REG. NO.: B1805

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.) elements	Date 7/31/2015
Municipality Princeton	Tel., Code or ID No.

Item No.	Remarks
	Chapter 24-9.2 Pre-operational Inspection for NEW construction
	Refrigeration in compliance
	all SINK + plumbing satisfy 9.2
	all equipment has been approved and in compliance with 9.2 and Uniform Constr. Code
	Floor Walls + Ceilings in compliance with 9.2
	Approved to operate as a Retail Food Establishment
	a follow up inspection shall be conducted in 2-3 weeks after opening and a Rating shall be given at that time
	Conditions - 2 Private Dining Rooms + Rear Kitchen/prep shall not be used until The Construction Official has approved them per use on The TCO

Signature of Individual Completing Form: Randy L Carter

Signature of Owner of Facility, Establishment, etc., if required: James P. Venuto