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: Abound Enterprises			ESTABLISHMENT TRADING NAME: Exxon		
NUMBER AND STREET	COUNTY		NUMBER AND STREET: 870 State Rd	COUNTY: Mer	
MUNICIPALITY	STATE		MUNICIPALITY: Princeton	ZIP CODE: 08540	TELEPHONE NO.: 267-968-6225
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

GOODS

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

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

DATE	TIME - (2400 HOURS) BEGIN	END
2/25/15		

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: David A.Henry	INSPECTOR'S PERM. REG. NO.: B2257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
Exxon	2/25/15
Municipality	**Tel., Code or ID No.**
Princeton	

Item No.	Remarks
	- Notes -
	Pre-packaged goods sold only, no food prep done.
	Refrigeration temps at 41° - no eggs or milk products sold
	Facility maintained clean, Recycling going in place.
	Dumpster area and outside grounds are properly maintained
	* Check ID's when selling tobacco product
	Please be sure to clean coffee machine on a regular basis.
	Self serv area maintained
	Satisfactory visit

Signature of Individual Completing Form

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