SANITARY INSPECTION REPORT

IDENTIFICATION

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Jenny Chen

NUMBER AND STREET: | COUNTY:

MUNICIPALITY: | STATE:

ZIP CODE: | COMUN. CODE:

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: Fruity Yogurt

NUMBER AND STREET: 166 Nassau St | COUNTY: Mer

MUNICIPALITY: Princeton | ZIP CODE: 08542 | TELEPHONE NO.: 609 921.8787

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

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE: Type 2

GOODS

- [1] DESTROYED
- [2] EMBARGOED

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

TIME - (2400 HOURS)		
DATE	BEGIN	END
7/23/14		

EVALUATION

- [X] *SATISFACTORY*
- [ ] *CONDITIONALLY SATISFACTORY*
- [ ] *UNSATISFACTORY*

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

PRINCETON REGIONAL HEALTH DEPARTMENT
ONE MONUMENT DRIVE
P.O. BOX 390
PRINCETON, NEW JERSEY 08542
609-497-7608

HEALTH OFFICER: David A.Henry

INSPECTING OFFICIAL

INSPECTOR'S NAME AND TITLE: Keith Levine REHS

INSPECTOR'S SIGNATURE: Keith Levine

INSPECTOR'S PERM. REG. NO.: 22257

CONTINUATION SHEET
(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.): Fruity Yogurt

MUNICIPALITY: Princeton

DATE: 7/23/11

TEL., CODE or ID NO.:

ITEM NO.	REMARKS
	General Condition: Excellent
	All refrigeration at 41° or below
	Yogurt machines holding proper temp
	Yogurt machines cleaned/sanitized regularly
	3bay sink properly set up
	Utensils stored properly - clean, dry & off floor.
	Product properly stored, walk-in box properly maintained
	Gloves & utensils used when handling ready-to-eat foods
	Patron area & restrooms maintained
	Outside area properly maintained
	Recycling policy in place
	Satisfactory Posted in view of public

SIGNATURE OF INDIVIDUAL COMPLETING FORM: Kent Jenne

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED: X

MS-5
Revised 6/91