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 on-duty - Antoine		ESTABLISHMENT TRADING NAME: Halo Pub	
NUMBER AND STREET / COUNTY		NUMBER AND STREET: 5 Hulfish St / COUNTY: Mer	
MUNICIPALITY / STATE		MUNICIPALITY: Princeton	ZIP CODE: 08540 / TELEPHONE NO.: 609.921.1710
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] 1 INITIAL INSPECTION
- [ ] 2 REINSPECTION *(other than initial inspection)*

TIME - (2400 HOURS)		
DATE	BEGIN	END
10/28/15		

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.: B2254

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

NAME (Individual, Facility, Establishment, etc.) Halo Pub | DATE 10/25/11

MUNICIPALITY Princeton | TEL., CODE or ID NO.

ITEM NO.	REMARKS
	General Condition: Excellent
	— Notes —
	All refrigeration and freezers running at proper temperatures — 41° & 0°. Product stored properly.
	Soft-serve machines well maintained — no signs of residue build-up, Gaskets in-tact
	Handwash sinks properly set up w/ hot water, soap and paper towels
	Scoops and utensils properly stored, clean & dry
	Dippers well functioning properly
	All dates on dairy products current
	No signs of pest activity
	Food storage & dry storage areas proper
	Patron area well maintained

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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

MS-5
Revised 6/91