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			ESTABLISHMENT TRADING NAME		
Manager -- Marcel			Halo Pub		
NUMBER AND STREET		COUNTY	NUMBER AND STREET		COUNTY
Owner - Jerry			5 Hutfish Rd		Mer
MUNICIPALITY	STATE		MUNICIPALITY	ZIP CODE	TELEPHONE NO.
			Princeton	08540	609.924.1710
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

Typed

GOODS

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

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

TIME - (2400 HOURS)		
DATE	BEGIN	END
11/24/14		

EVALUATION

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

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print)	INSPECTOR'S NAME AND TITLE
PRINCETON HEALTH DEPARTMENT ONE MONUMENT DRIVE P.O. BOX 390 PRINCETON, NEW JERSEY 08542 609-497-7608	Keith Levine REHS
	INSPECTOR'S SIGNATURE
	Keith Levine
HEALTH OFFICER	INSPECTOR'S PERM. REG. NO.
David A.Henry	B2257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.) Halo Pub

Date 11/26/14

Municipality Princeton

Tel., Code or ID No.

Item No. | General Condition: Excellent | Remarks

All refrigeration and freezers at proper running temps

Food storage proper in refrigerator units

Handwash sinks properly set up w/ hot water, soap & paper towels

Scoops and utensils properly stored. Dip well has constant running water

Ice cream soft serve machines clean & well maintained

Dates on dairy products current

Showcases clean & running properly

Patron area well maintained

Western Pest Control used

Utensils & deli tissue used for handling ready to eat foods.

Signature of Individual Completing Form [signature]

Signature of Owner of Facility, Establishment, etc., if required [signature]

Page 1 of 1