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: Board of Trustees			ESTABLISHMENT TRADING NAME: Italian American Sportsman's Club		
NUMBER AND STREET: Andy Tunasi - Manager	COUNTY		NUMBER AND STREET: 8 Founders Ln	COUNTY: Mer	
MUNICIPALITY	STATE		MUNICIPALITY: Princeton	ZIP CODE: 08540	TELEPHONE NO.: 609.921.7485
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT

- [ ] 1 RETAIL
- [x] X OTHER (Specify) Private
- [ ] 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
4/15/15		

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.: B 2257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Italian American Sportsman Club	Date 4/15/15
Municipality	Princeton	Tel., Code or ID No.

Item No.	Remarks
	Private Club - rented to public as requested
	No general sales to public
	All refrigeration running at 41° or below
	Freezers working properly
	Restrooms properly maintained
	Kitchen properly maintained
	Bar area properly maintained
	Sani-tabs used at bar
	Ice machine maintained clean
	Outside grounds properly maintained
	Liquor license # 1114-31-032-007

Signature of Individual Completing Form: Kevin Jerome

Signature of Owner of Facility, Establishment, etc., if required: X Andy Tomasi

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