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		
Amin + Km (Ritz) Rizk			JAMMIN CREPES		
NUMBER AND STREET	COUNTY		NUMBER AND STREET	COUNTY	
Kathy Klockenbrink	Mercer		20 Nassau Street	Mercer	
MUNICIPALITY	STATE		MUNICIPALITY	ZIP CODE	TELEPHONE NO.
Princeton	NJ		Princeton	08542	609-
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
08542			TJ014 - NEW		

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE

RISK #3

GOODS

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

Pre-Operational

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

DATE	TIME - (2400 HOURS) BEGIN	END
9/26/2014	—	—

EVALUATION

APPROVED TO Operate as a Retail Food Establishment

- [ ] SATISFACTORY
- [ ] CONDITIONALLY SATISFACTORY
- [ ] UNSATISFACTORY

No Rating - Post Operational will follow in ~~April~~ 2 weeks

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

Randy F. Carter
Sr. REHS

INSPECTOR'S SIGNATURE

Randy F Carter

INSPECTOR'S PERM. REG. NO.

B1805

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
JAMMIN Crepes	9/26/2014
Municipality	**Tel., Code or ID No.**
PRINCETON	

Item No.	Remarks
	Several Wall Throughs during construction
	6/25/2014 - Plumbing plan revised for ice machine drain + 2 bay Sink + Dishwash approved to eliminate grease trap by RiHoush
	8/5/2014 - Final plumbing approved
	9/4/2014 - Office Conf. w/owner for what is NEEDED FOR TCO or CO + Signage
	9/22/2014 - All Equipment in Kitchen except for cobfee a few small miscellaneous pieces of equipment / approved Cleanup to start 9/23+24/2014
*	9/26/2014 - Final Preoperational All equipment approved or in place
NOTE:	Refrigeration - Most units are running - Will be required to supply interior hanging Thermometer
NOTE:	Ice Machine - Scoop to be handle up in ice or in a Sanitary Container
NOTE:	Keep a container of sanitizer available at all times during operating hours
NOTE:	Soap + paper towels to be supplied in dispenser
NOTE:	Dishwasher check along with small refrigeration units on a Post Op or as well as final set-up and all equipment is in operation
	APPROVED TO OPERATE AS a Retail Food Establishment

Signature of Individual Completing Form	Signature of Owner of Facility, Establishment, etc., if required
Randy Fleet	