



# SANITARY INSPECTION REPORT

## IDENTIFICATION

### OWNER INFORMATION

(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT

Venkateshwar Ramadugu  
NUMBER AND STREET COUNTY

MUNICIPALITY

STATE

ZIP CODE

COMUN. CODE

Vramadugu@yahoo.com No Email Given

### ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME

Krauszer's

NUMBER AND STREET

COUNTY

830 State Rd Mer

MUNICIPALITY

ZIP CODE

TELEPHONE NO.

Princeton

08540

609.430.0822

ESTABLISHMENT STATE LICENSE NO. (if appl.)

COMUN. CODE

## INSPECTION

### TYPE OF ESTABLISHMENT

### ESTABLISHMENT CODE

☒ RETAIL

☐ OTHER (Specify)

☐

☐

GOODS

☐ DESTROYED

☐ EMBARGOED

☒ INITIAL INSPECTION

☐ REINSPECTION (other than initial inspection)

TIME - (2400 HOURS)

DATE

BEGIN

END

5/14/15

## EVALUATION

☒ SATISFACTORY

☐ CONDITIONALLY SATISFACTORY

☐ UNSATISFACTORY

## OFFICIAL(S)

### LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

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

HEALTH OFFICER

Jeffrey C. Grosser

### INSPECTING OFFICIAL

INSPECTOR'S NAME AND TITLE

INSPECTOR'S SIGNATURE

INSPECTOR'S PERM. REG. NO.

Keith Levine

Keith Levine

B 2257

# CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

|                                                  |           |                      |         |
|--------------------------------------------------|-----------|----------------------|---------|
| Name (Individual, Facility, Establishment, etc.) | Kruszers  | Date                 | 5/14/15 |
| Municipality                                     | Princeton | Tel., Code or ID No. |         |

| Item No. | Remarks                                                                                   |
|----------|-------------------------------------------------------------------------------------------|
|          | All refrigeration running at proper temp - 41°                                            |
|          | No food prep done on-site, pre-packaged goods                                             |
|          | Freezer temps good                                                                        |
|          | Walk-in box maintained                                                                    |
|          | Storage area properly maintained                                                          |
|          | Patron area maintained properly                                                           |
|          | Outside store & dumpster area maintained                                                  |
|          | All milk dates & eggs current                                                             |
|          | * ID's checked for all persons purchasing tobacco & e-cigarettes - new law - 21 years old |
|          | Satisfactory Posted                                                                       |

Signature of Individual Completing Form

*K. Gerne*

Signature of Owner of Facility, Establishment, etc., if required

*[Signature]*