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 ONESIMO CRUZ			ESTABLISHMENT TRADING NAME La Mexicana		
NUMBER AND STREET	COUNTY		NUMBER AND STREET 150 Witherspoon	COUNTY Mercer	
MUNICIPALITY TAME	STATE		MUNICIPALITY Princeton	ZIP CODE 08540	TELEPHONE NO. 609 279-9904
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE

2

GOODS

- [1] DESTROYED
- [2] EMBARGOED

- [1] INITIAL INSPECTION — Tax Seizure Clearance
- [2] ~~REINSPECTION~~ *(other than initial inspection)*

TIME - (2400 HOURS)		
DATE	BEGIN	END
6/9/2016		

EVALUATION

- [x] ~~SATISFACTORY~~ Restored
- [ ] *CONDITIONALLY SATISFACTORY*
- [ ] *UNSATISFACTORY*

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print) PRINCETON HEALTH DEPARTMENT ONE MONUMENT DRIVE PRINCETON, NEW JERSEY 08540 609-497-7608	INSPECTOR'S NAME AND TITLE Randy F. Carter Sr. REHS
	INSPECTOR'S SIGNATURE Randy Carter
HEALTH OFFICER Jeffrey C. Grosser	INSPECTOR'S PERM. REG. NO. B1805

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
La Mexicana	6/9/2016
Municipality	**Tel., Code or ID No.**
Pennsauken	609-279-6904

Item No.	Remarks
8:26-8:46	Re-Opening Inspection after Tax Seizure + Use Tax
	Refrigeration - See Dairy below for Voluntary
~~3.2~~	~~Dairy Products~~ to Destruction
	Destruction
3.3	7 qts of Cream-o-Land Milk w/ sell by 6/7/16 were voluntarily Destroyed since the date had expired
3.3	32 oz Connecter Ricotta Cheese w/ sell by 6/7/16 + 5/25/16 - date Expired - Voluntarily destroyed
3.3	2 bags of Cilantro - Spoiled - Voluntarily destroyed
3.3	1 Whole Chicken @ 45°F - Voluntarily destroyed
	Re-Instated - Satisfactory

Signature of Individual Completing Form: Randy J. Cain

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