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: Edwidge Aime		ESTABLISHMENT TRADING NAME: Little Chef Pastry		
NUMBER AND STREET	COUNTY	NUMBER AND STREET: 8 Tulane St.	COUNTY: Mer	
MUNICIPALITY	STATE	MUNICIPALITY: Princeton	ZIP CODE: 08540	TELEPHONE NO.: 609.924.5335
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	
MAIL: Little Chef Pastry@aol.com				

INSPECTION

TYPE OF ESTABLISHMENT
- [X] 1 RETAIL
- [ ] 2 OTHER (Specify)
- [ ] 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
3/02/15		

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.: B2257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Little Chef Pastry	Date 3/02/15
Municipality	Princeton	Tel., Code or ID No.

Item No.	Remarks
	General Condition: Excellent
	- Notes -
	All refrigeration temps at 41° or below
	Freezer temps good - all food frozen
	Food properly stored
	Shwarage is at 41° or below
	Handwash sink properly setup w/ hot water, soap & paper towels
	Equipment clean & maintained properly
	Utensils clean, dry & stored properly
	Milk & soap dating current
	No flour build-up present
	Gloves & utensils used for ready-to-eat foods
	All surfaces sanitized properly
	No signs of pest activity
	Patron area well maintained
	Restroom well maintained
	3 Bay sink properly set up Wash/Rinse/Sanitize
	Recycling policy in place
	Satisfactory posted

Signature of Individual Completing Form: Kevin Jones

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