



SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION

(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT

James McColley III

NUMBER AND STREET

COUNTY

MUNICIPALITY

STATE

ZIP CODE

COMUN. CODE

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME

McColley's Market

NUMBER AND STREET

COUNTY

301 W. Harrison St. Moron

MUNICIPALITY

ZIP CODE

TELEPHONE NO.

Princeton

08542

ESTABLISHMENT STATE LICENSE

NO. (if appl.)

F2015-

COMUN. CODE

INSPECTION

TYPE OF ESTABLISHMENT

ESTABLISHMENT CODE

☒ RETAIL

Emergency

☐ OTHER (Specify)

GOODS

☐ DESTROYED

☐ EMBARGOED

☐ INITIAL INSPECTION

☐ REINSPECTION (other than initial inspection)

TIME - (2400 HOURS)

DATE

BEGIN

END

2/16/2015

4:30

5:45

2/17/2015

6:00

EVALUATION

☒ SATISFACTORY

☐ CONDITIONALLY SATISFACTORY

☐ UNSATISFACTORY

Review

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

Randy F. Carter
A. R. Ellis

INSPECTOR'S SIGNATURE

Randy F. Carter

INSPECTOR'S PERM. REG. NO.

B1505

(for Inspections, Surveys, Audits, etc.)

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