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 Contact person - Tricia Bitetto		ESTABLISHMENT TRADING NAME McCarter Theatre		
NUMBER AND STREET	COUNTY	NUMBER AND STREET 91 University Pl.	COUNTY Mer	
MUNICIPALITY (609) 258-6289	STATE	MUNICIPALITY Princeton	ZIP CODE 08540	TELEPHONE NO. 609.
ZIP CODE Tbitteto@mccarter.org	COMUN. CODE 609.258.6289	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE

Type 2

GOODS

- [1] DESTROYED
- [2] EMBARGOED

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

TIME - (2400 HOURS)		
DATE	BEGIN	END
5/12/15		

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 Jeffrey C. Grosser	INSPECTOR'S PERM. REG. NO. BE257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
McCarter Theatre	5/12/15
Municipality	**Tel., Code or ID No.**
Princeton	

Item No.	General Condition: Excellent Remarks
	5 bar/serving areas throughout facility, no prepared food sold. Pre-packaged snacks are available along w/ drinks & alcohol
	All areas properly maintained - handwash sinks have soap, hot water & paper towels
	Ice machines well kept - scoops properly stored
	Soda nozzles & holders are cleaned and sanitized regularly (no build-up of residue present)
	Refrigeration at proper temperatures - 41° or below
	Coffee machines well maintained
	Proper signage displayed at all bar areas
	Recycling policy in place
	Outside area maintained properly
	All patron areas are cleaned & sanitized after events to prevent the spread of illness. Restrooms maintained

Signature of Individual Completing Form: Jennie

Signature of Owner of Facility, Establishment, etc., if required: M Bitetto