SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT
Manager - Ralph Stevens

NUMBER AND STREET | COUNTY
Asst - Barbara Battista

MUNICIPALITY | STATE
Princeton

ZIP CODE | COMUN. CODE

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME
Mt Pisgah Church / Mercer Co. Nutrition Program

NUMBER AND STREET | COUNTY
170 Witherspoon St / Mer

MUNICIPALITY | ZIP CODE | TELEPHONE NO.
Princeton | 08540 | 609 924-9017

ESTABLISHMENT STATE LICENSE NO. (if appl.) | COMUN. CODE

INSPECTION

TYPE OF ESTABLISHMENT
- [1] RETAIL
- [X] 2 OTHER (Specify) Church
- [3]
- [4]

ESTABLISHMENT CODE
Type 2

GOODS
- [1] DESTROYED
- [2] EMBARGOED

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

DATE	TIME - (2400 HOURS) BEGIN	END
11/12/18		

EVALUATION

- [X] *SATISFACTORY*
- [ ] *CONDITIONALLY SATISFACTORY*
- [ ] *UNSATISFACTORY*

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

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

HEALTH OFFICER
David A.Henry

INSPECTING OFFICIAL

INSPECTOR'S NAME AND TITLE
Keith Lehrke REHS/CHS

INSPECTOR'S SIGNATURE
Keith Lehrke

INSPECTOR'S PERM. REG. NO.
B522057

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
Mt Pisgah Church/Mercer Co Nutrition Program	11/12/14
Municipality: Princeton	Tel., Code or ID No.

Item No.	Remarks
	All refrigeration/~~freezer~~ temp proper - 41° & 0°
	Sinks properly set up. Soap, hot water & paper towels available for hand washing
	* Please make sure to wash hands thoroughly during Flu season to prevent the spread of germs
	Gloves & utensils used when handling ready-to-eat foods
	Hot foods kept at 135° or higher
	Restrooms & patron area properly maintained
	Recycling policy in place
	No violations witnessed
	* State inspection certificate displayed

Signature of Individual Completing Form: Ken Jenne

Signature of Owner of Facility, Establishment, etc., if required: Ralph Stevens Sr.