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: Joss & Jules Catering		ESTABLISHMENT TRADING NAME: Nassau Christian Center		
NUMBER AND STREET: Julia Stentz & Jose Centron	COUNTY	NUMBER AND STREET: 26 Nassau St	COUNTY: Mer	
MUNICIPALITY: 7210 Bluejay Way West Windsor	STATE	MUNICIPALITY: Princeton	ZIP CODE: 08542	TELEPHONE NO.: 609.921.0981
ZIP CODE: 08550	COMUN. CODE: 609.954.2372	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

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

ESTABLISHMENT CODE: Type 1

GOODS
- [1] DESTROYED
- [2] EMBARGOED

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

TIME - (2400 HOURS)		
DATE	BEGIN	END
10/17/14		

EVALUATION

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

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print) PRINCETON REGIONAL HEALTH DEPARTMENT ONE MONUMENT DRIVE P.O. BOX 390 PRINCETON, NEW JERSEY 08542 609-497-7608	INSPECTOR'S NAME AND TITLE: Keith Levine INSPECTOR'S SIGNATURE: Keith Levine
HEALTH OFFICER: David A.Henry	INSPECTOR'S PERM. REG. NO.: B-2257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.) Nassau Christian Center/Joss & Jules	Date 10/17/14
Municipality General Condition: Excellent Catering	Tel., Code or ID No.

Item No.	Remarks
	- Notes -
	All refrigerator temps @ 41° or below
	Freezer temps @ 3°
	Handwash sinks properly set up w/ soap, hot water & paper towels
	Employees of Joss & Jules use gloves & utensils when handling ready-to-eat foods
	Utensils & equipment properly maintained
	3-Bay sink used
	No signs of pest activity - Terminex used
	Jose Cintron is serv-safe certified.
	Food storage proper
	Various foods prepared - all done in approved kitchen or on-site

Signature of Individual Completing Form – Heidi Jenne

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