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: Surendra Prasad		ESTABLISHMENT TRADING NAME: Nassau Grain & Grape Co		
NUMBER AND STREET	COUNTY	NUMBER AND STREET: 264 Nassau St	COUNTY: Mer	
MUNICIPALITY	STATE	MUNICIPALITY: Princeton	ZIP CODE: 08540	TELEPHONE NO.: 609 924 0031
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.): 1114-114-008-005	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE: Type I

GOODS

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

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

TIME - (2400 HOURS)		
DATE	BEGIN	END
1/29/15		

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.)	Date
Nassau Grain & Grape	1/29/15
Municipality	**Tel., Code or ID No.**
Princeton	

Item No.	General Condition: Excellent — Remarks
	Pre-packaged goods sold, no potentially hazardous foods
	Walk-in box well maintained
	No dust accumulation on bottles or shelving
	Recycling policy in place
	Dumpster area & outside store properly maintained
	Refrigeration temps at 41° or below
	Dry storage area maintained
	Satisfactory Posted ✓
	Reminder: Check ID for alcohol & tobacco products

Signature of Individual Completing Form	Signature of Owner of Facility, Establishment, etc., if required
Keith Penne	X