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: Rudie S. Jen-Smit		ESTABLISHMENT TRADING NAME: Olssons Fine Foods	
NUMBER AND STREET / COUNTY		NUMBER AND STREET: 553 Palmer Sq.	COUNTY: Mer
MUNICIPALITY	STATE	MUNICIPALITY: Princeton	ZIP CODE: 08540 / TELEPHONE NO.: 609.924.2210
ZIP CODE	COMUN. CODE	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
5/06/15		

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.: B2257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
Olsson's Fine Foods	5/06/15
Municipality	**Tel., Code or ID No.**
Princeton	

Item No.	Remarks
	General Condition: Excellent
	-Notes-
	All refrigeration units at 41° or below
	Hot holding units at 135° or above - creamy tomato soup Checked (-ok
	Showcase temps at 41° or below - food properly stored.
	Freezer temps proper - food storage proper
	Self-serve area properly maintained, food covered & protected
	Employees use gloves when handling ready-to-eat foods
	Handwash sinks properly set up w/ hot water, soap & paper towels
	Utensils & dishes/cookware properly cleaned & stored
	3 bay sink properly up - Wash/Rinse/Sanitize
	Bleach used for sanitizing, test strips available
	Prep sink clean & maintained properly
	Grease traps cleaned once per month - records available
	Patron area and employee/restroom properly maintained
	Basement/dry food storage area well maintained
	Western Pest Control used. No signs of pest activity
	Garbage area properly maintained
	Recycling policy in place
	Satisfactory posted in public view

Signature of Individual Completing Form: Kurt Jenne

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