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			ESTABLISHMENT TRADING NAME			
Porta Via Princeton LLC			Porta Via Pizza			
NUMBER AND STREET	COUNTY		NUMBER AND STREET	COUNTY		
7 Tree Farm Rd			180 Nassau Street	Mercer		
MUNICIPALITY	STATE		MUNICIPALITY	ZIP CODE	TELEPHONE NO.	
Pennington	NJ		Princeton	08540	609 924-6266	
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE		
08534						

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE			
[1] RETAIL		[1] Pre-Op INITIAL INSPECTION		
[2] OTHER (Specify)	GOODS	[2] REINSPECTION *(other than initial inspection)*		
[3]		TIME - (2400 HOURS)		
[4]	[1] DESTROYED	DATE	BEGIN	END
	[2] EMBARGOED	3/18/2016		

EVALUATION

[ ] *SATISFACTORY* [ ] *CONDITIONALLY SATISFACTORY* [ ] *UNSATISFACTORY*

No Rating - Re-inspect 2 weeks

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print)	INSPECTOR'S NAME AND TITLE
PRINCETON HEALTH DEPARTMENT ONE MONUMENT DRIVE PRINCETON, NEW JERSEY 08540 609-497-7608	Randy F. Carter Jr. REHS
	INSPECTOR'S SIGNATURE
	Randy F Carter
HEALTH OFFICER	INSPECTOR'S PERM. REG. NO.
Jeffrey C. Grosser	B 1805

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
Ponte Via Pizza	3/15/2016
Municipality	**Tel., Code or ID No.**
Junction	609/ 924-6266

Item No.	Remarks
	Hand Wash Sink - IN Compliance
	3 Compartment Sink - IN Compliance
	Mop Sink - Good
	Refrigeration - IN Compliance w/ Thermometers
	Walk-IN Box - IN Compliance
	All Refrigeration is at 37-39°F Today
	Grease Trap Cleaned w/ Receipt - 3/15/2016
	Bathroom - IN Compliance
	~~Approved~~ Approved to operate as a Retail Food Establishment after Food Handlers License is Purchased
	Garbage being changed to M, W & Fridays rather than Mondays & Fridays
	Recyclables - M, W & Friday

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