



SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION

(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT

Bd of Trustees

NUMBER AND STREET

COUNTY

MUNICIPALITY

STATE

ZIP CODE

COMUN. CODE

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME

Pretty Brook Tennis Club

NUMBER AND STREET

COUNTY

229 Pretty Brook Rd Mercer

MUNICIPALITY

ZIP CODE

TELEPHONE NO.

Princeton

08540

609 924-0062

ESTABLISHMENT STATE LICENSE NO. (if appl.)

COMUN. CODE

INSPECTION

TYPE OF ESTABLISHMENT

ESTABLISHMENT CODE

☐ RETAIL

☒ OTHER (Specify)

☐ Pool

☐

GOODS

☐ DESTROYED

☐ EMBARGOED

☒ INITIAL INSPECTION

☐ REINSPECTION (other than initial inspection)

TIME - (2400 HOURS)

DATE

BEGIN

END

5/20/06

EVALUATION

☒ SATISFACTORY

☐ CONDITIONALLY SATISFACTORY

☐ UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

PRINCETON HEALTH DEPARTMENT
ONE MONUMENT DRIVE
PRINCETON, NEW JERSEY 08540
609-497-7608

HEALTH OFFICER

Jeffrey C. Grosser

INSPECTING OFFICIAL

INSPECTOR'S NAME AND TITLE

Randy F. Carter
J. R. H.

INSPECTOR'S SIGNATURE

Randy Carter

INSPECTOR'S PERM. REG. NO.

B 1803

(for Inspections, Surveys, Audits, etc.)

Page _____ of _____