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: Manager - Jeff Ferrell Mgr on duty-Sue			ESTABLISHMENT TRADING NAME: Princeton Univ. Store		
NUMBER AND STREET	COUNTY		NUMBER AND STREET: 36 University Pl.	COUNTY: Mer	
MUNICIPALITY	STATE		MUNICIPALITY: Princeton	ZIP CODE: 08540	TELEPHONE NO.: 609. 921.8500
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE: Type 2

GOODS

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

- [X] 1 INITIAL INSPECTION
- [ ] 2 REINSPECTION *(other than initial inspection)*

TIME - (2400 HOURS)		
DATE	BEGIN	END
3/11/15		

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.: 32257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Princeton Univ Store	Date 3/11/15
Municipality	Princeton	Tel., Code or ID No.

Item No.	General Condition - Excellent — Remarks

- Notes -

All refrigeration running at proper temperatures - 41° or below

Open show cases - Running at proper temps - 41°

* Please ensure thermometers are in all units

* Food brought in from several local food estbls for re-sale. Labels proper on most foods. * Be sure to check foods coming in from wholesale food operations periodically to make sure all pertinent info is on packaging for resale. When in doubt - reject foods from the wholesaler and call the Health Dept for guidance on proper labeling.

Juices in open showcase from Tico's Market are not properly labeled. The Health Dept will work with Tico's on proper labeling etc.

Walk-in boxes are clean and well maintained

Handwash sinks are properly set up with hot water, soap & paper towels

Shelving and patron areas are well maintained No signs of dust build-up on product or shelving

Signature of Individual Completing Form: Kent Jenne

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

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
Princeton University Store	3/11/15
Municipality	**Tel., Code or ID No.**
Princeton	

Item No.	Remarks
	-Notes Cont'd-
	Freezers are clean and well maintained
	Self-serv area is clean and properly maintained
	Milk products in self-serv area are kept under refrigeration.
	All dates on dairy products are current
	Employee break room is well maintained - refrigerator running at 41° or below
	Basement/dry goods storage area is clean & well maintained.
	· Please call if you have any questions.
	· I will be in touch after working with Tico's Market on corrections to labeling etc.

Signature of Individual Completing Form

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