SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Managers - David McJunkins

NUMBER AND STREET:

COUNTY:

MUNICIPALITY:

STATE:

ZIP CODE:

COMUN. CODE:

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: Rite Aid

NUMBER AND STREET: 301 N. Harrison St.

COUNTY: Mercer

MUNICIPALITY: Princeton

ZIP CODE: 08540

TELEPHONE NO.: 609.924.6125

ESTABLISHMENT STATE LICENSE NO. (if appl.):

COMUN. CODE:

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE

Type I

GOODS

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

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

DATE	TIME - (2400 HOURS) BEGIN	END
10/06/14		

EVALUATION

- [X] *SATISFACTORY*
- [ ] *CONDITIONALLY SATISFACTORY*
- [ ] *UNSATISFACTORY*

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

PRINCETON REGIONAL HEALTH DEPARTMENT
ONE MONUMENT DRIVE
P.O. BOX 390
PRINCETON, NEW JERSEY 08542
609-497-7608

HEALTH OFFICER

David A.Henry

INSPECTING OFFICIAL

INSPECTOR'S NAME AND TITLE: Keith Levine REHS

INSPECTOR'S SIGNATURE: Keith Levine

INSPECTOR'S PERM. REG. NO.: B2257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Rite Aid	Date 10/06/14
Municipality	Princeton	Tel., Code or ID No.

Item No.	General Condition: Good — Remarks
	- Notes -
	All refrigeration running properly - 41° or below
	No dust accumulations on shelving or product
	Handwash sinks properly set up
	Restrooms & patron areas maintained
	Milk dates current
	No signs of pest activity
	Dumpster area Maintained
	Recycling policy in place
	Storage area maintained
	Satisfactory Posted

Signature of Individual Completing Form: Keri Lynn

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