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: NutriServe - Manager Joel Rosa		ESTABLISHMENT TRADING NAME: Riverside School		
NUMBER AND STREET: Kitchen Mngr - Josephine	COUNTY	NUMBER AND STREET: 58 Riverside Dr.	COUNTY: Mer	
MUNICIPALITY	STATE	MUNICIPALITY: Princeton	ZIP CODE: 08540	TELEPHONE NO.: 609.921.7821
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT

- [ ] 1 RETAIL
- [x] 2 OTHER (Specify) School
- [ ] 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
4/29/16		

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 PRINCETON, NEW JERSEY 08540 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: B-2257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Riverside School	Date	4/29/16
Municipality	Princeton	Tel., Code or ID No.	

Item No.	General Condition: Excellent Remarks
4.5	Dishwasher not functioning properly.
	- 3 bay sink used to wash dishes
	- Notes -
	All refrigeration temps at 41° or below
	Hot holding temps at 135° or above
	Employees use gloves and utensils when handling RTE foods
	Handwash sink properly set up w/ hot water, soap & paper towels
	Food storage proper in refrigerators and dry food storage areas
	3 bay sink properly set up wash/rinse/sanitize
	Utensils, dishes clean, dry and properly stored
	Vent hoods well maintained
	Patron area well maintained
	Restrooms well maintained
	Outside grounds & Dumpster area well maintained
	Recycling policy in place
	Satisfactory Posted

Signature of Individual Completing Form: Kristi Jennie

Signature of Owner of Facility, Establishment, etc., if required: Agnes Josephine Malanga