SANITARY INSPECTION REPORT

IDENTIFICATION

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Cafe Jdwinc d/b/a Rojo Roasters

NUMBER AND STREET: | COUNTY:

MUNICIPALITY: | STATE:

ZIP CODE: | COMUN. CODE:

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: Rojo Roaster's

NUMBER AND STREET: 33 Palmer Sq | COUNTY: Mer

MUNICIPALITY: Princeton | ZIP CODE: 08540 | TELEPHONE NO.:

ESTABLISHMENT STATE LICENSE NO. (if appl.): | COMUN. CODE:

INSPECTION

TYPE OF ESTABLISHMENT
- [X] RETAIL
- [2] OTHER (Specify)
- [3]
- [4]

ESTABLISHMENT CODE: Type 2

GOODS
- [1] DESTROYED
- [2] EMBARGOED

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

TIME - (2400 HOURS)		
DATE	BEGIN	END
7/14/15		

EVALUATION

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

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

PRINCETON HEALTH DEPARTMENT
ONE MONUMENT DRIVE
P.O. BOX 390
PRINCETON, NEW JERSEY 08542

609-497-7608

HEALTH OFFICER
Jeffrey C. Grosser

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.)	Date
Rojo Roaster's Princeton	7/14/15
Municipality	Tel., Code or ID No.

Item No.	General Condition: Excellent Remarks

– Notes –

All refrigeration running at 41° or below
No foods prepared on-site, baked used - Gingerbeach, Lawrenceville NJ.
Handwash sink properly set up w/ soap, hot water & paper towels
Baked goods in showcase, - maintained clean
Equipment & utensils maintained clean
Self-serv area well maintained
Ice machine clean & scoop in proper holding unit
Dishwasher functioning properly
Dry goods storage areas well maintained
Restroom area & restroom clean
Outside & back of store well maintained
All products sold have proper labeling
Employee on-duty - 1 Self

Signature of Individual Completing Form: Kent Jenne

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