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: Jessica Durrie		ESTABLISHMENT TRADING NAME: Small World Coffee	
NUMBER AND STREET	COUNTY	NUMBER AND STREET: 14 Witherspoon St	COUNTY: Mer
MUNICIPALITY	STATE	MUNICIPALITY: Princeton	ZIP CODE: 08542 / TELEPHONE NO.: 609
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE

Jessica@smallworldcoffee.com INSPECTION 609.924.4377.

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	
[1] RETAIL	Type 2	[1] INITIAL INSPECTION
[2] OTHER (Specify)	GOODS	[2] REINSPECTION (other than initial inspection)
[3]	[1] DESTROYED	TIME - (2400 HOURS)
[4]	[2] EMBARGOED	DATE: 12/30/14 / BEGIN / END

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.: B 2257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Small World Coffee	Date 12/30/14
Municipality	Princeton	Tel., Code or ID No.

Item No.	General Condition: Good — Remarks
	- Notes -
3.3M	Sanitize buckets not in use For storing cloth rags (Instructions given for proper method of mixing sanitize solution * 1/2 capful of chlorine bleach per 1/2 gallon of hot water) Use buckets at all prep areas for storing wet & soiled cloth rags and for sanitizing surfaces throughout facility. Please obtain chlorine test strips to check solution, 50ppm is adequate for sanitizing surfaces (Corrected on-site) ✓
4-4	Please be sure to sanitize patron areas regularly throughout the Months of October - April to prevent the spread of Flu and norovirus.
	All refrigeration temps at 41° or below
	Handwash sinks are properly set up with soap, hot water and disposable towels
	Employees use gloves and utensils when handling ready-to-eat foods

Signature of Individual Completing Form: Keith Lawson

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

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Small World Coffee	Date	12/30/14
Municipality	Princeton	Tel., Code or ID No.	

Item No.	Remarks
	- Notes Cont'd -
	3-bay sink properly set up wash/rinse/sanitize
	Food storage in walk-in box & showcase proper
	Self-serv area well maintained
	Utens. & dishware storage proper
	Dry food storage area maintained
	No signs of pest activity
	Outside store & garbage storage area well maintained
	Recycling policy in place
	Restrooms well maintained
	All milk dates current

Signature of Individual Completing Form: Kurt Feerno

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