



SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION

(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT

Chais Vaula

NUMBER AND STREET

COUNTY

309 Canal St

Hudson

MUNICIPALITY

STATE

Hoboken

NJ

ZIP CODE

COMUN. CODE

07030

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME

The TACO TRUCK

NUMBER AND STREET

COUNTY

301 W Harrison St

Meriden

MUNICIPALITY

ZIP CODE

TELEPHONE NO.

ESTABLISHMENT STATE LICENSE NO. (if appl.)

COMUN. CODE

INSPECTION

TYPE OF ESTABLISHMENT

ESTABLISHMENT CODE

☒ RETAIL

☐ OTHER (Specify)

☐

☐

RISK #

GOODS

☐ DESTROYED

☐ EMBARGOED

☒ INITIAL INSPECTION

☐ REINSPECTION (other than initial inspection)

TIME - (2400 HOURS)

DATE

BEGIN

END

12/12/2014

EVALUATION

☐ 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

Randy F. Carter
Sr. RPH

INSPECTOR'S SIGNATURE

Randy F. Carter

INSPECTOR'S PERM. REG. NO.

B1505

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)

The TACO TRUCK

Date

12/12/2014

Municipality

Princeton

Tel. Code or ID No.

609-510-1384

Item
No.

Remarks

Pre-operational Inspection - Tentatively Approved

All equipment is in & set in place & not operative
Pending - Sinks, Floor Sink at Prep + 3 compartment sink
2 hand wash Sinks

This Retail Food Establishment shall be permitted to until
bring food & staff in for training ~~after~~ a TCO or CO
has been issued by The Construction Officials Office

After the TCO is issued all major construction
shall be completed & cleanup & sanitation
shall be performed

- 1) Soap & paper towels to be in place at hand sinks
- 2) 3 compartment sink set up for
- 3) (1) Wash (2) Rinse (3) Sanitize, Air drying / Sanitized articles
- 4) Refrigeration - all to be at 41°F or less
w/ interior hanging thermometer
- 5) Foot Thermometers
- 6) a bucket of sanitizer w/ clean paper at prep area

12/22/2014 - Followup for final approval

Signature of Individual Completing Form

[Signature]

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

[Signature]