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: Marco Lucchi		ESTABLISHMENT TRADING NAME: Thomas Sweet Ice Cream		
NUMBER AND STREET: Manager Richard	COUNTY	NUMBER AND STREET: 183 Nassau St	COUNTY: Mer	
MUNICIPALITY	STATE	MUNICIPALITY: Princeton	ZIP CODE: 08540	TELEPHONE NO.: 609.924.0454
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE: Type 2

GOODS

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

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

DATE	TIME - (2400 HOURS) BEGIN	END
8/10/16		

EVALUATION

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

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

PRINCETON HEALTH DEPARTMENT
ONE MONUMENT DRIVE
PRINCETON, NEW JERSEY 08540
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.: B-2251

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Thomas Sweet Ice Cream	Date 8/10/16
Municipality	Princeton	Tel., Code or ID No.

Item No.	Remarks
	General Condition: Good
	Some food residue build-up on equipment, refrigerators, freezers & shelving. Please be sure to clean & sanitize regularly to avoid build-up.
	* Be cautious when handling ready-to-eat foods such as ice cream cones. Always use deli tissue or gloves and change gloves in between handling money.
	- Notes -
	All refrigeration and freezers functioning at proper temperatures
	Soft-serv Machines well maintained - temps proper
	Utensils are clean, dry and stored properly
	Handwash sinks properly set up w/ hot water soap & paper towels
	3 bay sink properly set up - Quat Ammoniums used for sanitizing
	Walk-in unit well maintained - temp proper
	Dry storage areas well maintained
	Outside of facility well maintained
	No signs of pest activity
	Recycling policy in place
	Satisfactory Posted

Signature of Individual Completing Form: [signature]

Signature of Owner or Facility, Establishment, etc., if required: [signature]