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: Patricia Hawkens		ESTABLISHMENT TRADING NAME: Trinity Church		
NUMBER AND STREET	COUNTY	NUMBER AND STREET: 33 Mercer St	COUNTY: Mer	
MUNICIPALITY	STATE	MUNICIPALITY: Princeton	ZIP CODE: 08540	TELEPHONE NO.: 609.924.2217
ZIP CODE	COMUN. CODE	ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE: Type I

GOODS

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

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

TIME - (2400 HOURS)		
DATE	BEGIN	END
12/23/14		

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.: B2257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
Trinity Church	12/23/14
Municipality	**Tel., Code or ID No.**
Princeton	

Item No.	— Notes — Remarks
	General condition of Facility is excellent
	All refrigeration running at 41° or below
	Freezers functioning properly
	Handwash sink properly set up w/ hot water, soap & paper towels
	3 bay sink available for use
	Utensils properly stored
	Dry food storage areas properly maintained
	No signs of pest activity
	Restrooms properly maintained
	Recycling Policy in place
	Kitchen used for private events only

Signature of Individual Completing Form: Kenneth Fenne

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