SANITARY INSPECTION REPORT

IDENTIFICATION

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

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Office Manager: Sarah

NUMBER AND STREET: Maintenance - Jorge

COUNTY:

MUNICIPALITY:

STATE:

ZIP CODE:

COMUN. CODE:

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: Unitarian Universalist Church

NUMBER AND STREET: 50 Cherry Hill Rd

COUNTY: Mer

MUNICIPALITY: Princeton

ZIP CODE: 08540

TELEPHONE NO.: 609. 924.1604

ESTABLISHMENT STATE LICENSE NO. (if appl.):

COMUN. CODE:

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE

Type 1

GOODS

- [1] DESTROYED
- [2] EMBARGOED

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

DATE	TIME - (2400 HOURS) BEGIN	END
8/19/14		

EVALUATION

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

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

PRINCETON REGIONAL HEALTH DEPARTMENT
ONE MONUMENT DRIVE
P.O. BOX 390
PRINCETON, NEW JERSEY 08542
609-497-7608

HEALTH OFFICER

David A.Henry

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.) Unitarian Universalist Church
MUNICIPALITY Princeton
DATE 8/19/14
TEL., CODE or ID NO.

ITEM NO.	REMARKS
	General Condition: Excellent
Notes:	All refrigeration running at proper temp - 41°
	Dishwasher functioning properly
	Equipment & Hoods properly maintained
	Storage areas properly maintained
	Outside area properly maintained
	Restrooms & patron area properly maintained
	Kitchen mainly used by congregation
	Satisfactory

SIGNATURE OF ~~INDIVIDUAL~~ COMPLETING FORM
Rene Jenne

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED
Jorge Garcia-Salas.

MS-5
Revised 6/91