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: Manager - Austyn Ruiz			ESTABLISHMENT TRADING NAME: CVS #5871		
NUMBER AND STREET	COUNTY		NUMBER AND STREET: 881 State Rd	COUNTY: Mer	
MUNICIPALITY		STATE	MUNICIPALITY: Princeton	ZIP CODE: 08540	TELEPHONE NO.: 609 683-3680
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	
[X] 1 RETAIL	Type 1	[X] 1 INITIAL INSPECTION
[ ] 2 OTHER (Specify)	GOODS	[ ] 2 REINSPECTION (other than initial inspection)
[ ] 3	[ ] 1 DESTROYED	
[ ] 4	[ ] 2 EMBARGOED	

TIME - (2400 HOURS)		
DATE	BEGIN	END
9/12/14		

EVALUATION

[X] SATISFACTORY [ ] CONDITIONALLY SATISFACTORY [ ] UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print) PRINCETON REGIONAL 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 9/12/14

MUNICIPALITY Princeton

TEL., CODE or ID NO.

ITEM NO.	REMARKS
	General Condition: Very Good
	All refrigeration temperatures at 41° or below
	Freezers running properly
	Milk & egg dates all current
	No dust accumulation on shelving
	Walk-in box and storage area properly maintained
	No signs of pest activity
	Rest rooms maintained
	Cardboard recycling in place
	Outside store area well maintained
	No food prep done, pre-packaged goods sold only
	Satisfactory Posted

SIGNATURE OF INDIVIDUAL COMPLETING FORM: Neil Levine

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED: X

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