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: Town of Princeton	ESTABLISHMENT TRADING NAME: Mercer Engine #3
NUMBER AND STREET: 400 Witherspoon St — COUNTY: Mercer	NUMBER AND STREET: 363 Witherspoon St. — COUNTY: Mercer
MUNICIPALITY: Princeton — STATE: NJ	MUNICIPALITY: Princeton — ZIP CODE: 08540 — TELEPHONE NO.:
ZIP CODE: 08540 — COMUN. CODE:	ESTABLISHMENT STATE LICENSE NO. (if appl.): — COMUN. CODE:

Contact Robert Gregory

INSPECTION

OEM Director 497-7632

TYPE OF ESTABLISHMENT

- [1] RETAIL
- [2] OTHER (Specify)
- [3] Gov't
- [4]

ESTABLISHMENT CODE

GOODS

- [1] DESTROYED
- [2] EMBARGOED

- [1] INITIAL INSPECTION — Pre-op Walk Through
- [2] REINSPECTION (other than initial inspection)

TIME - (2400 HOURS)

DATE	BEGIN	END
4/29/2014	9:30	10:15

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: Randy F. Carter Sr. REHS.
	INSPECTOR'S SIGNATURE: Randy F. Carter
HEALTH OFFICER: ~~David A. Henry~~ Jeffrey C. Grosser	INSPECTOR'S PERM. REG. NO.: B1800

CONTINUATION SHEET
(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.): Mercer Engine #3
DATE: 4/29/2013
MUNICIPALITY: Princeton
TEL., CODE or ID NO.:

ITEM NO.	REMARKS
	(Princeton School Gardens Coop)
	Kitchen
	3 Compartment sink w/ grease trap
	Dishwasher - Not tested
	Counter top w/ sink that can be used for HAND WASHING
	2 Butcher Block Prep Tables
	Commercial Stove w/ Exhaust hood
	BATHROOMS available
	Single Door Refrigerator
	Highly recommend more refrigeration for use by the cooperative group
	Dry Storage? Pots, Pans, Utensils?
	NEED Menu/what the processes are to be used by the co-op
	ONE person to hold Food Protection Manager Certificate
	i.e. - ServSafe Certification

SIGNATURE OF INDIVIDUAL COMPLETING FORM

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

MS-5
Revised 6/91

 H4718

White Establishment Copy • Canary Local Health Department

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.) Mercer Engine Comp. #3	Date 4/29/2014
Municipality Princeton	Tel., Code or ID No. 497-7632

Item No.	Karla Cook + Fran McManus Remarks
	Kitchen for Princeton School Gardens Coop.
	Main Center has Hand Wash / Multi use Sink
	3 Compartment Sink
	Grease Trap Interceptor
	Dishwasher - Not Tested for Temperature
	2 Butcher Block Tables
	Commercial Stove w/ Exhaust Hood - Serviced last?
	Bathrooms available
	1 - Single Door Refrigerator
	Approved for Retail Food Handlers License
	Rating Given - Satisfactory
	Will re-check when to be used
	Ongoing Discussion

Signature of Individual Completing Form

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

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