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: Jenny Chen			ESTABLISHMENT TRADING NAME: Fruity Yogurt		
NUMBER AND STREET	COUNTY		NUMBER AND STREET: 166 Nassau St	COUNTY: Mer	
MUNICIPALITY		STATE	MUNICIPALITY: Princeton	ZIP CODE: 08540	TELEPHONE NO.: 609.921.8787
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE			
[X] RETAIL	Type 2	[X] INITIAL INSPECTION		
[2] OTHER (Specify)	GOODS	[2] REINSPECTION (other than initial inspection)		
[3]	[1] DESTROYED	TIME - (2400 HOURS)		
[4]	[2] EMBARGOED	DATE	BEGIN	END
		8/24/15		

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: 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.)	Fruity Yogurt	Date 8/24/15
Municipality	Princeton	Tel., Code or ID No.

Item No.	General Condition: Excellent Remarks
	-Notes-
	All refrigeration and cold holding equipment running at proper temps - 41° or below.
	Soft-serv machines holding proper temperature
	All equipment cleaned & sanitized regularly
	Equipment & utensil storage proper
	Gloves & utensils used when handling ready-to-eat foods
	Walkin box & reach-in units well maintained
	3-bay sink properly set up - Wash/Rinse/Sanitize
	Patron area & restrooms properly maintained
	Outside area & trash area well maintained
	Recycling policy in place, placard in public view
	Dry storage areas well maintained

Signature of Individual Completing Form: [signature]

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