



SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION

(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT

Board of Trustees

NUMBER AND STREET COUNTY

Manager - Andy Tumasi

MUNICIPALITY

STATE

ZIP CODE

COMUN. CODE

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME

Italian American Sportsman's Club

NUMBER AND STREET COUNTY

8 Founders Ln Mer

MUNICIPALITY

ZIP CODE

TELEPHONE NO.

Princeton

08540

609.921.7485

ESTABLISHMENT STATE LICENSE NO. (if appl.)

COMUN. CODE

INSPECTION

TYPE OF ESTABLISHMENT

ESTABLISHMENT CODE

1 RETAIL

Type 2

2 OTHER (Specify)
Private Club

GOODS

3

1 DESTROYED

4

2 EMBARGOED

1 INITIAL INSPECTION

2 REINSPECTION (other than initial inspection)

TIME - (2400 HOURS)

DATE

BEGIN

END

4/14/15

EVALUATION

SATISFACTORY

CONDITIONALLY SATISFACTORY

UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

PRINCETON HEALTH DEPARTMENT
ONE MONUMENT DRIVE
PRINCETON, NEW JERSEY 08540
609-497-7608

HEALTH OFFICER

Jeffrey C. Grosser

INSPECTING OFFICIAL

INSPECTOR'S NAME AND TITLE

Keith Levine REHS

INSPECTOR'S SIGNATURE

Keith Levine

INSPECTOR'S PERM. REG. NO.

B-2257

**RETAIL FOOD INSPECTION REPORT
(CONTINUED)**

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.
OUT= Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box

SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION		OUT	COS
25	Hot and cold water available; adequate pressure.		<input type="checkbox"/>
26	Food properly labeled, original container.		<input type="checkbox"/>
27	Food protected from potential contamination during preparation, storage, display.		<input type="checkbox"/>
28	Utensils, spatulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.		<input type="checkbox"/>
29	Raw fruits and vegetables washed prior to serving.		<input type="checkbox"/>
30	Wiping cloths properly used and stored.		<input type="checkbox"/>
31	Toxic substances properly identified, stored and used.		<input type="checkbox"/>
32	Presence of insects/rodents minimized: outer openings protected, animals as allowed.		<input type="checkbox"/>
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).		<input type="checkbox"/>
FOOD TEMPERATURE CONTROL		OUT	COS
34	Food temperature measuring devices provided and calibrated.		<input type="checkbox"/>
35	Thin-probed temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish filets).		<input type="checkbox"/>
36	Frozen foods maintained completely frozen.		<input type="checkbox"/>
37	Frozen foods properly thawed.		<input type="checkbox"/>
38	Plant food for hot holding properly cooked to at least 135°F.		<input type="checkbox"/>
39	Methods for rapidly cooling PHFs are properly conducted and equipment is adequate.		<input type="checkbox"/>
EQUIPMENT, UTENSILS AND LINENS		OUT	COS
40	Materials, construction, repair, design, capacity, location, installation, maintenance.		<input type="checkbox"/>
41	Equipment temperature measuring devices provided (refrigeration units, etc).		<input type="checkbox"/>
42	In-use utensils properly stored.		<input type="checkbox"/>
43	Utensils, single service items, equipment, linens properly stored, dried and handled.		<input type="checkbox"/>
44	Food and non-food contact surfaces properly constructed, cleanable, used.		<input type="checkbox"/>
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.		<input type="checkbox"/>
PHYSICAL FACILITIES		OUT	COS
46	Plumbing system properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.		<input type="checkbox"/>
47	Sewage and waste water properly disposed.		<input type="checkbox"/>
48	Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.		<input type="checkbox"/>
49	Design, construction, installation and maintenance proper-floors/walls/ceilings.		<input type="checkbox"/>
50	Adequate ventilation; lighting; designated areas used.		<input type="checkbox"/>
51	Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage and refuse properly maintained.		<input type="checkbox"/>
52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.		<input type="checkbox"/>

Item #	NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)
		<p>Club is rented out as requested. No food on-site All refrigeration running at 41° or below Freezers functioning properly. Kitchen is properly maintained, Restrooms properly maintained Sanitabs used at bar. Bar area properly maintained. Ice machines properly maintained. Liquor license # 1114-31-032-002</p>
Name of Inspecting Official		Signature of Inspecting Official
Keith Levine		Keith Levine
		Name and Title of Person Receiving Copy of Report
		X C.F. Tarrasi