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: Craig Whelan			ESTABLISHMENT TRADING NAME: Publix Wines		
NUMBER AND STREET	COUNTY		NUMBER AND STREET: 23 Witherspoon St	COUNTY: Mer	
MUNICIPALITY		STATE	MUNICIPALITY: Princeton	ZIP CODE: 08540	TELEPHONE NO.: 609.924.0750
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.): 1114-44-0003-008	COMUN. CODE	

INSPECTION

TYPE OF ESTABLISHMENT

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

ESTABLISHMENT CODE

Type 1

GOODS

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

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

TIME - (2400 HOURS)		
DATE	BEGIN	END
2/24/15		

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
	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.)	Publix	Date 2/24/15
Municipality	Princeton	Tel., Code or ID No.

Item No.	General Condition: Excellent Remarks
	- Notes -
	Pre-packaged goods sold only - no food prep done
	No milk/dairy products sold
	All refrigeration units running at 41° or below
	Dry storage areas well maintained
	No signs of pest activity
	No dust accumulation on product or shelving.
	Recycling Policy in place
	Basement area well maintained
	* Reminder: Check ID's for alcohol & tobacco products

Signature of Individual Completing Form: [signature]

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