

FOOD PREMISES INSPECTION FORM

Name of Premises: Haru Sushi
Operator: Haru Sushi
Address: 78 Miramichi Road, Moncton NB E2V 1S4

Licence #: _____ Type: Class 3 Class 4 Class 5
Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
Water Supply: Private Municipal



Item No.	N.O.	S	U	Item No.	N.O.	S	U	Item No.	N.O.	S	U	Item No.	N.O.	S	U	
1.0	FOOD			3.3		<input checked="" type="checkbox"/>		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>	
1.1		<input checked="" type="checkbox"/>		3.4				Cooling Methods	7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5				Re-heating Methods	7.2		<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		<input checked="" type="checkbox"/>		3.6				Handling Methods	7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4				11.2		<input checked="" type="checkbox"/>		
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2				Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			8.1			<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>			Record Keeping	8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>			Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.1	<input checked="" type="checkbox"/>				13.1		<input checked="" type="checkbox"/>	
2.7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		13.2			
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>						Cooking Methods								

N.O. – Not Observed; S – Satisfactory; U – Unsatisfactory; MI – Minor Infraction; MA – Major Infraction; CR – Critical Infraction

Item No.	MI	MA	CR	Remarks	Date for Correction

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 If Yes, Date: _____

Date of Inspection: April 11/18