

FOOD PREMISES INSPECTION FORM

Name of Premises: A.C. Shanker's Pub & Grill
 Operator: _____
 Address: 2 CULMS RD
FRENCHVILLE - BRISTOL, NB

Licence #: 32-00339 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		✓		7.0 FOOD EQUIPMENT AND UTENSILS				10.2			
1.1		✓		3.4		✓		7.1		✓		10.3			
			Approved Source				Holding Methods								Walls (Construction and Maintenance)
1.2		✓		3.5		✓		7.2		✓		11.0 WATER SUPPLY AND WASTE DISPOSAL			
			Purchasing and Receiving				Cooling Methods					11.1			
1.3		✓		3.6		✓		7.3		✓		11.2			
			Acceptable Containers and Labeling				Re-heating Methods					11.3			
2.0 FOOD STORAGE				4.0 FOOD DISPLAY AND SERVICE				7.4		✓		12.0 LIGHTING AND VENTILATION			
2.1		✓		4.1		✓		7.5		✓		12.1			
			Storage of Potentially Hazardous Foods				Display Methods					12.2			
2.2		✓		4.2		✓		8.0 CLEANING AND SANITIZING							
			Frozen Storage				Advance Preparation								
2.3		✓		5.0 RECORD KEEPING AND RECALLS				8.1		✓					
			Refrigerated Storage (Temperature)				Record Keeping								
2.4		✓		5.1		✓		8.2		✓					
			Refrigerated Storage (Methods)				Recall of Food								
2.5		✓		5.2		✓		9.0 SANITARY FACILITIES				13.0 GENERAL			
			Refrigerated Storage (Space)					9.1		✓					
2.6		✓		8.0 PERSONNEL				9.2		✓		13.1			
			Dry Storage												
2.7		✓		8.1		✓						13.2			
			Storage of Food for Staff				Demonstrating Knowledge					13.3			
3.0 FOOD PREPARATION AND HANDLING				8.2		✓		10.0 FLOORS, WALLS AND CEILING							
3.1		✓		8.3		✓									
			Thawing Methods				Employee Health								
3.2		✓					Personal Hygiene Practices								
			Cooking Methods					10.1		✓					

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
				NO violations found	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>Jun 25 18</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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White - Office, Yellow - Operator, Blue - Copy for Posting