

FOOD PREMISES INSPECTION FORM

Name of Establishment: Saint John Baularama

Type: ___ Class 1, ___ Class 2, ___ Class 3, Class 4, ___ Class 5

Operator: Baularama

Category: Routine, ___ Re-inspection, ___ Complaint, ___ New Facility, ___ CD Follow-up inspection

Licence #: 02-00117

Address: 248 Lancaster Ave, Saint John NB

Number of employees: ___ Seating Capacity: 225 Water Supply: Private ___ Municipal



Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item
1.0				FOOD	3.3		<input checked="" type="checkbox"/>		Holding Methods	7.0			<input checked="" type="checkbox"/>	FOOD EQUIPMENT & UTENSILS
1.1		<input checked="" type="checkbox"/>		Approved Source	3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>		Food Equipment- design, construction, installation and maintenance
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.5		<input checked="" type="checkbox"/>		Re-Heating Methods	7.2		<input checked="" type="checkbox"/>		Food Contact Surfaces
1.3			<input checked="" type="checkbox"/>	Acceptable Containers and Labeling	3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3		<input checked="" type="checkbox"/>		Mechanical Dishwashing
2.0				FOOD STORAGE	4.0				FOOD DISPLAY / SERVICE	7.4		<input checked="" type="checkbox"/>		Manual Dishwashing
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Haz. Foods	4.1		<input checked="" type="checkbox"/>		Display Methods	7.5			<input checked="" type="checkbox"/>	Eating Utensils / Dishes
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0				CLEANING AND SANITIZING
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage Temperature						8.1			<input checked="" type="checkbox"/>	Cleaning and Sanitizing
2.4			<input checked="" type="checkbox"/>	Refrigerated Storage Methods	5.0				RECORD KEEPING AND RECALLS	8.2			<input checked="" type="checkbox"/>	Detergents and Chemicals use and storage
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage Space	5.1		<input checked="" type="checkbox"/>		Record Keeping	9.0				SANITARY FACILITIES
2.6		<input checked="" type="checkbox"/>		Dry Storage	5.2		<input checked="" type="checkbox"/>		Recall of Food	9.1			<input checked="" type="checkbox"/>	Washroom(s)
2.7		<input checked="" type="checkbox"/>		Storage of Food for Staff	6.0				PERSONNEL	9.2			<input checked="" type="checkbox"/>	Hand Washing Station (s)
3.0				FOOD PREPARATION AND HANDLING	6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	10.0				FLOORS, WALLS, CEILINGS
3.1		<input checked="" type="checkbox"/>		Thawing Methods	6.2		<input checked="" type="checkbox"/>		Employee Health	10.1		<input checked="" type="checkbox"/>		Floors- construction, maintenance
3.2		<input checked="" type="checkbox"/>		Cooking Methods	6.3			<input checked="" type="checkbox"/>	Personal Hygiene Practices	10.2		<input checked="" type="checkbox"/>		Walls- construction, maintenance
10.3														11.0 WATER SUPPLY- WASTE DISPOSAL
														11.1 Water- quality, quantity
														11.2 Sewage Disposal
														11.3 Solid Waste Handling
														12.0 LIGHTING AND VENTILLATION
														12.1 Lighting
														12.2 Ventilation
														13.0 GENERAL
														13.1 Licence
														13.2 Rodent and Insect Control
														13.3 Other Infractions/Hazards

Item No.	MI	MA	CR	REMARKS	Date for Correction
6.3		<input checked="" type="checkbox"/>		Employees must wash hands before putting on gloves to prepare food	Today
1.3	<input checked="" type="checkbox"/>			Containers storing mustard & other condiments must be labeled with their contents	March 18, 2010
1.3	<input checked="" type="checkbox"/>			Frozen foods removed from their original packaging must be labeled with their content & expiration date	March 18, 2010
10.3	<input checked="" type="checkbox"/>			In back storage area some ceiling tiles are missing & some are stained - these must be replaced	Next Routine inspection
7.5	<input checked="" type="checkbox"/>			Ice scoop must be stored in a sanitary manner (back room)	Today
2.4	<input checked="" type="checkbox"/>			Some items in walk-in cooler were stored on floor - they must be 6 inches off the floor	March 18, 2010
8.1			<input checked="" type="checkbox"/>	Spray bottle of sanitizer must be on hand for sanitizing surfaces - corrected at time of inspection	
8.2		<input checked="" type="checkbox"/>		Chlorine test strips must be on hand for testing sanitizer	March 18, 2010

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

Green: ___
 Light yellow: ___ Dark yellow:
 Light red: ___ Dark red: ___

Date of Inspection: March 4, 2010
 Re-Inspection Required: yes ___ no
 If Yes, Date: March 18, 2010

FOOD PREMISES INSPECTION FORM

Name of Establishment: Saint John Brunswick

Type: ___ Class 1, ___ Class 2, ___ Class 3, Class 4, ___ Class 5

Operator: Boularama

Category: Routine, ___ Re-inspection, ___ Complaint, ___ New Facility, ___ CD Follow-up inspection

Licence #: 02-00117

Address: 248 Lancaster Ave Saint John NB

Number of employees: ___ Seating Capacity: 25 Water Supply: Private ___ Municipal



Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item			
1.0				FOOD	3.3		<input checked="" type="checkbox"/>		Holding Methods	7.0				FOOD EQUIPMENT & UTENSILS			
1.1		<input checked="" type="checkbox"/>		Approved Source	3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>		Food Equipment- design, construction, installation and maintenance			
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.5		<input checked="" type="checkbox"/>		Re-Heating Methods	7.2			<input checked="" type="checkbox"/>	Food Contact Surfaces			
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														11.0		WATER SUPPLY- WASTE DISPOSAL	
														11.1		<input checked="" type="checkbox"/>	Water- quality, quantity
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														12.0			LIGHTING AND VENTILLATION
														12.1		<input checked="" type="checkbox"/>	Lighting
														12.2		<input checked="" type="checkbox"/>	Ventilation
														13.0			GENERAL
														13.1		<input checked="" type="checkbox"/>	Licence
														13.2		<input checked="" type="checkbox"/>	Rodent and Insect Control
														13.3			Other Infractions/Hazards

Item No.	MI	MA	CR	REMARKS	Date for Correction
7.2	<input checked="" type="checkbox"/>			Cutting board on preparation table must be resurfaced or replaced	Next routine inspection
9.2	<input checked="" type="checkbox"/>			Handwash station must not be used for filling /dumping coffee machine - use slip sink in back area - ensure this sink is cleaned regularly	Today

N.O-Not Observed, **S**- Satisfactory, **U**- Unsatisfactory, **MI**-Minor Infraction, **MA**- Major Infraction, **CR**- Critical Infraction

Green: ___ Dark yellow: Date of Inspection: March 4, 2010 Re-Inspection Required: yes no ___ R

Light yellow: ___ Dark red: ___ If Yes, Date: March 18/10

Light red: ___