

FOOD PREMISES INSPECTION FORM

Name of Premises: Offline Board Game Cafe Inc.
 Operator: _____
 Address: 358 Rothersey Ave., Saint John

Licence #: 02-02849 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		✓		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2		✓	
1.1		✓		3.4		✓		Cooling Methods	7.1		✓		10.3			✓
1.2		✓		3.5	✓			Re-heating Methods	7.2			✓	11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		✓		3.6		✓		Handling Methods	7.3		✓		11.1		✓	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		✓		11.2		✓		
2.1		✓		4.1	✓			Display Methods	7.5		✓		11.3		✓	
2.2		✓		4.2	✓			Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		✓		5.0	RECORD KEEPING AND RECALLS			8.1		✓		12.1		✓		
2.4		✓		5.1	✓			Record Keeping	8.2		✓		12.2		✓	
2.5		✓		5.2	✓			Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		✓		6.0	PERSONNEL			9.1		✓		13.1		✓		
2.7		✓		6.1		✓		Demonstrating Knowledge	9.2		✓		13.2		✓	
3.0	FOOD PREPARATION AND HANDLING			6.2		✓		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3		✓	
3.1	✓			6.3		✓		Personal Hygiene Practices	10.1		✓					
3.2		✓						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
10.3 7.3	✓			Over counter stove needs to be cleaned and sanitized to prevent accumulation of dirt to prevent food cross contamination	Immediately
10.3	✓			Ceiling tile (3 parts) inside dry storage room needs to be fixed	Sept 19/2017

<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>Sept 13/2017</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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