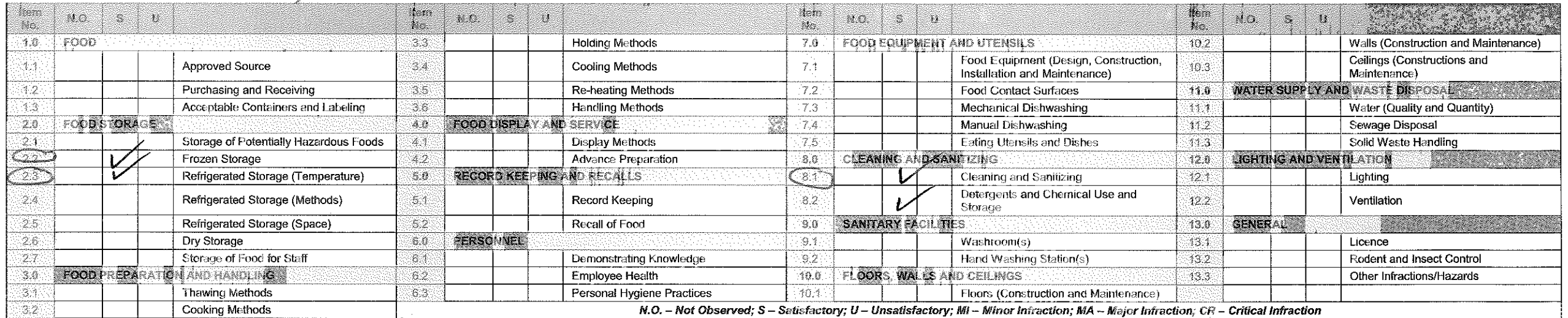


Name of Premises: East Coast Foods
Operator: _____
Address: Magnetic Hill 200
Muncie, NB

Type: ☐ Class 3 ☒ Class 4 ☐ Class 5

Water Supply: ☐ Private ☒ Municipal

[illegible]

<input checked="checked" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Aug 6 2019 Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No If Yes, Date:	Received by:	Inspector Signature:
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