

# FOOD PREMISES INSPECTION FORM

Name of Establishment: Quality Inn L Suite Bathurst  
 Operator: \_\_\_\_\_  
 Address: 777 St Peter Ave, Bathurst

Licence #: 60-00634

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		
<b>1.0</b>	<b>FOOD</b>			<b>3.3</b>				Holding Methods	<b>7.0</b>	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2				Walls (Construction and Maintenance)
11				34				Approved Source	7.1				10.3				Ceiling (Constructions and Maintenance)
12				35				Purchasing and Receiving	7.2				<b>11.0</b>	<b>WATER SUPPLY AND WASTE DISPOSAL</b>			
13				36				Acceptable Containers and Labeling	7.3				11.1				Water (Quality and Quantity)
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>				7.4				11.2				Sewage Disposal
2.1				4.1				Storage of Potentially Hazardous Foods	7.5				11.3				Solid Waste Handling
2.2				4.2				Frozen Storage	<b>8.0</b>	<b>CLEANING AND SANITIZING</b>			<b>12.0</b>	<b>LIGHTING AND VENTILATION</b>			
2.3				<b>5.0</b>	<b>RECORD KEEPING AND RECALLS</b>			Refrigerated Storage (Temperature)	8.1				12.1				Lighting
2.4				5.1				Refrigerated Storage (Methods)	8.2				12.2				Ventilation
2.5				5.2				Refrigerated Storage (Space)	<b>9.0</b>	<b>SANITARY FACILITIES</b>			<b>13.0</b>	<b>GENERAL</b>			
2.6				<b>6.0</b>	<b>PERSONNEL</b>			Dry Storage	9.1				13.1				Licence
2.7				6.1				Storage of Food for Staff	9.2				13.2				Rodent and Insect Control
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2				Employee Health	<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>			13.3				Other Infractions/Hazards
3.1				6.3				Thawing Methods	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
				Previous infractions 2.3 & B.1 have been corrected. No infraction during this inspection.	

<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>January 24, 2018</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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