

FOOD PREMISES INSPECTION FORM

Name of Establishment: Jamerville School Cafeteria Type: Class 1, Class 2, Class 3, Class 4, Class 5

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

Licence #: 60 0078

Address: Jamerville, N.B. Number of employees: 1 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
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		<input checked="" type="checkbox"/>												Ceilings- construction, maintenance
11.0														WATER SUPPLY- WASTE DISPOSAL
11.1			<input checked="" type="checkbox"/>									<input checked="" type="checkbox"/>		Water- quality, quantity
11.2												<input checked="" type="checkbox"/>		Sewage Disposal
11.3												<input checked="" type="checkbox"/>		Solid Waste Handling
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												<input checked="" type="checkbox"/>		Other Infractions/Hazards

Item No.	MI	MA	CR	REMARKS	Date for Correction
3.1		<input checked="" type="checkbox"/>		Do not thaw at room temperature. OK corrected.	Corrected during inspection

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: January 25th, 2010 Re-Inspection Required: yes _____ no

If Yes, Date: _____