

Food Premises Inspection Summary Report

| Name of Premis | Smoyd's Kitchen & Catering | Licence #: | 32-00406 | |
|-----------------|--|---|----------------------------|----------------|
| Address: | 10148 NB-105 | Туре: | Class/Classe 4 | |
| | Beechwood NB E7J 2A6 Private | Category: | Compliance | |
| Water Supply: | | Date of Inspection: | February 28, 202 | / 28, 2023 |
| | | | | |
| MI - N | Ninor infraction; MA - Major infraction; CR - Critical in | fraction; CDI - Corrected During Inspe | ection; N/A - Not Applicab | le |
| | OBSERVATIONS AN | D CORRECTIVE ACTIONS | | |
| ltem MI /MA/ C | R R | Remarks | | for Correction |
| 7.2 MA | | Food contact surfaces, equipment and utensils shall be operated in a manner that ensures the safe and sanitary handling of food (i.e., need to dismantle meat grinder for cleaning). | | Corrected |
| | Observations: Some knives had slightly bent tips. | | | |
| | Comment: Replaced knives as necessary as bent tips can break off and contaminate | | | |
| | food. Corrective Actions: The operator removed the deficient knives from operation during | | | |
| | the inspection. | wed the dencient knives from ope | eration during | |
| 7.2 MI | Food contact surfaces, equipment and utensil | | | Immediately |
| | manner intended and can be easily cleaned and sanitized (e.g. scratched and scored cutting boards/utensils). | | | |
| | Observations: The white cutting board resurfaced or replaced. | Is were stained and scored and ne | eed to be | |
| | Comment: For follow-up during the ne | xt routine inspection. | | |
| 7.4 MI | Sanitizer concentration shall be verified daily to ensure that effective sanitizing is occurring. | | occurring | Immediately |
| 7. - | Observations: No sanitizer logs in place at the facility. | | | minoulatory |
| | Comment: Implement logs to record d Template to be sent to the operator, fo | | | |
| 8.1 MI | | | Immediately | |
| | Observations: Baseboards, underneath and behind equipment and shelving is due for more frequent cleaning. | | ving is due for | |
| | Comment: Implement as per routine c | leaning procedures reviewed on s | ite. | |
| 9.1 MI | Paper towel dispensers shall be available. | | | Immediately |
| | Observations: No paper towel dispenser in the washroom. | | <i></i> | |
| | Comment: Install a paper towel dispen inspection. | iser, for follow-up during the next | routine | |
| | | G COMMENTS | | |

CLOSING COMMENTS

Minor infractions for follow-up during the next routine inspection.

Rating colour: Green