

FOOD PREMISES INSPECTION FORM

Name of Premises: A Touch & Spice Inc.
 Operator: _____
 Address: 1216 Sand Cove unit 39, Saint John

Licence #: 02-02639 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				3.3	<input checked="" type="checkbox"/>			7.0				10.2	<input checked="" type="checkbox"/>		
	FOOD								FOOD EQUIPMENT AND UTENSILS						
1.1		<input checked="" type="checkbox"/>		3.4	<input checked="" type="checkbox"/>			7.1			<input checked="" type="checkbox"/>	10.3	<input checked="" type="checkbox"/>		
1.2	<input checked="" type="checkbox"/>			3.5	<input checked="" type="checkbox"/>			7.2	<input checked="" type="checkbox"/>			11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3			<input checked="" type="checkbox"/>	3.6	<input checked="" type="checkbox"/>			7.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		11.1	<input checked="" type="checkbox"/>		
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4	<input checked="" type="checkbox"/>			11.2	<input checked="" type="checkbox"/>		
2.1		<input checked="" type="checkbox"/>		4.1	<input checked="" type="checkbox"/>			7.5	<input checked="" type="checkbox"/>			11.3	<input checked="" type="checkbox"/>		
2.2		<input checked="" type="checkbox"/>		4.2	<input checked="" type="checkbox"/>			8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3			<input checked="" type="checkbox"/>	5.0	RECORD KEEPING AND RECALLS			8.1	<input checked="" type="checkbox"/>			12.1	<input checked="" type="checkbox"/>		
2.4		<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>			8.2	<input checked="" type="checkbox"/>			12.2	<input checked="" type="checkbox"/>		
2.5		<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>			9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6				6.0	PERSONNEL			9.1	<input checked="" type="checkbox"/>			13.1	<input checked="" type="checkbox"/>		
2.7	<input checked="" type="checkbox"/>			6.1	<input checked="" type="checkbox"/>			9.2	<input checked="" type="checkbox"/>			13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2	<input checked="" type="checkbox"/>			10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1	<input checked="" type="checkbox"/>			6.3	<input checked="" type="checkbox"/>			10.1	<input checked="" type="checkbox"/>						
3.2		<input checked="" type="checkbox"/>													

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
				Violation 2.2, 2.5, 7.1, 7.3, 8.1, 8.2 and 13.2 have been corrected	
1.3	<input checked="" type="checkbox"/>			All prepared potentially hazardous foods must be covered and labeled with the date of preparation.	Immediately
2.2	<input checked="" type="checkbox"/>			Fridge no 2 temperature was 7.5°C during the time of inspection (A is out of work).	
7.1	<input checked="" type="checkbox"/>			Tongs, Spoons and other food utensils and its containers needs to be clean	February 20 immediately

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: Jan 22 2018
 If Yes, Date: _____