

FOOD PREMISES INSPECTION FORM

Name of Premises: The Keg Steakhouse
 Operator: _____
 Address: 576 MAIN STREET
MONCTON

Licence #: 01-02536 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	FOOD			3.3		✓		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2		✓	
1.1		✓		Approved Source	3.4	✓		Cooling Methods	7.1			✓	10.3		✓	
1.2	✓			Purchasing and Receiving	3.5	✓		Re-heating Methods	7.2			✓	11.0 WATER SUPPLY AND WASTE DISPOSAL			
1.3	✓			Acceptable Containers and Labeling	3.6	✓		Handling Methods	7.3			✓	11.1		✓	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4	✓			11.2		✓		
2.1		✓		Storage of Potentially Hazardous Foods	4.1	✓		Display Methods	7.5			✓	11.3		✓	
2.2		✓		Frozen Storage	4.2	✓		Advance Preparation	8.0	CLEANING AND SANITIZING			12.0 LIGHTING AND VENTILATION			
2.3		✓		Refrigerated Storage (Temperature)	5.0	RECORD KEEPING AND RECALLS			8.1			✓	12.1		✓	
2.4		✓		Refrigerated Storage (Methods)	5.1	✓		Record Keeping	8.2			✓	12.2		✓	
2.5		✓		Refrigerated Storage (Space)	5.2	✓		Recall of Food	9.0	SANITARY FACILITIES			13.0 GENERAL			
2.6		✓		Dry Storage	6.0	PERSONNEL			9.1			✓	13.1		✓	
2.7	✓			Storage of Food for Staff	6.1		✓	Demonstrating Knowledge	9.2			✓	13.2		✓	
3.0	FOOD PREPARATION AND HANDLING			6.2		✓		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3		✓	
3.1	✓			Thawing Methods	6.3		✓	Personal Hygiene Practices	10.1			✓	Floors (Construction and Maintenance)			
3.2		✓		Cooking Methods	<i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i>											

Item No.	MI	MA	CR	Remarks	Date for Correction
2.1	X			Storage pads with utensils inside to be changed - 3 pads	CORRECTED.
7.2		X		one cutting board to be resurfaced or turned over.	CORRECTED.
B.1		X		TWO SANITIZERS AT 100ppm - ENSURE 200ppm QUITS.	CORRECTED.

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<u>Oct-30/2017</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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