

FOOD SERVICE ESTABLISHMENT INSPECTION FORM



Name of Establishment: Johanna's Cafe
 Operator: _____
 Licence #: 03-01889
 Address: 346 Queen St Fredericton, NB

Type: Eating Establishment, Bakery, Catering Kitchen, Mobile Canteen, Institutional, Vending Machine
 Category: Routine, Re-inspection, Complaint, New Facility, Communicable Disease Follow-up inspection
 Number of employees: _____ Seating Capacity: 0-25 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 | | | | | 3.4 | | <input checked="" type="checkbox"/> | | Cooling Methods | 6.4 | | | <input checked="" type="checkbox"/> | Manual Dish / Pot washing | |
| 1.1 | | <input checked="" type="checkbox"/> | | Approved Source | 3.5 | | <input checked="" type="checkbox"/> | | Re-Heating Methods | 6.5 | | | <input checked="" type="checkbox"/> | Eating Utensils / Dishes | |
| 1.2 | | <input checked="" type="checkbox"/> | | Purchasing and Receiving | 3.6 | | <input checked="" type="checkbox"/> | | Handling Methods | 7.0 CLEANING AND SANITIZING | | | | | |
| 1.3 | | <input checked="" type="checkbox"/> | | Acceptable Containers and Labeling | 4.0 FOOD DISPLAY / SERVICE | | | | | 7.1 | | | <input checked="" type="checkbox"/> | Cleaning Schedule Present | |
| 2.0 FOOD STORAGE | | | | | 4.1 | | <input checked="" type="checkbox"/> | | Display Methods | 7.2 | | | <input checked="" type="checkbox"/> | Detergents and Chemicals use and storage | |
| 2.1 | | <input checked="" type="checkbox"/> | | Storage of Potentially Haz. Foods | 4.2 | | <input checked="" type="checkbox"/> | | Advance Preparation | 8.0 SANITARY FACILITIES | | | | | |
| 2.2 | | <input checked="" type="checkbox"/> | | Frozen Storage | 5.0 PERSONNEL | | | | | 8.1 | | | <input checked="" type="checkbox"/> | Staff Washroom (s) | |
| 2.3 | | <input checked="" type="checkbox"/> | | Refrigerated Storage Temperature | 5.1 | | <input checked="" type="checkbox"/> | | Demonstrating Knowledge | 8.2 | | | <input checked="" type="checkbox"/> | Public Washroom (s) | |
| 2.4 | | <input checked="" type="checkbox"/> | | Refrigerated Storage Methods | 5.2 | | <input checked="" type="checkbox"/> | | Employee Health | 8.3 | | | <input checked="" type="checkbox"/> | Hand Washing Sink (s) | |
| 2.5 | | <input checked="" type="checkbox"/> | | Refrigerated Storage Space | 5.3 | | <input checked="" type="checkbox"/> | | Personal Hygiene Practices | 8.4 | | | <input checked="" type="checkbox"/> | Utility Sink / Janitor Sink | |
| 2.6 | | <input checked="" type="checkbox"/> | | Dry Storage | 6.0 FOOD EQUIPMENT & UTENSILS | | | | | 8.5 | | | <input checked="" type="checkbox"/> | Staff Change Rooms | |
| 3.0 FOOD PREPARATION | | | | | 9.0 FLOORS, WALLS, CEILINGS | | | | | 11.0 LIGHTING AND VENTILLATION | | | | | |
| 3.1 | | <input checked="" type="checkbox"/> | | Thawing Methods | 6.1 | | <input checked="" type="checkbox"/> | | Food Equipment- design, construction, Installation and maintenance | 9.1 | | | <input checked="" type="checkbox"/> | Floors- construction, maintenance | |
| 3.2 | | <input checked="" type="checkbox"/> | | Cooking Methods | 6.2 | | <input checked="" type="checkbox"/> | | Food Contact Surfaces | 9.2 | | | <input checked="" type="checkbox"/> | Walls- construction, maintenance | |
| 3.3 | | <input checked="" type="checkbox"/> | | Holding Methods | 6.3 | | <input checked="" type="checkbox"/> | | Mechanical Dishwashing | 9.3 | | | <input checked="" type="checkbox"/> | Ceilings- construction, maintenance | |
| | | | | | | | | | | | 12.0 GENERAL | | | | |
| | | | | | | | | | | | 12.1 | | | <input checked="" type="checkbox"/> | License |
| | | | | | | | | | | | 12.2 | | | <input checked="" type="checkbox"/> | Rodents and Insects |
| | | | | | | | | | | | 12.3 | | | <input checked="" type="checkbox"/> | Other Infraction |

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 |
|----------|----|----|----|--------------------------------------|---------------------|
| | | | | <i>All Violations are corrected.</i> | |
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Green: Light yellow: _____, Dark yellow: _____
 Light red: _____, Dark red: _____

Date of Inspection: Oct 16, 09

Re-Inspection Required: yes _____ no

If Yes, Date: _____