

FOOD SERVICE ESTABLISHMENT INSPECTION FORM

Name of Establishment: Janet's Jerky
 Operator: _____
 Licence #: 01-00913
 Address: 15 Miller Ave. Salisbury, 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: 1 Seating Capacity: 0 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	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	10.0 WATER SUPPLY- WASTE DISPOSAL					
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	10.1		<input checked="" type="checkbox"/>		Water- Quality, quantity	
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.6		<input checked="" type="checkbox"/>		Handling Methods	7.0 CLEANING AND SANITIZING					10.2		<input checked="" type="checkbox"/>		Sewage Disposal	
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	4.0 FOOD DISPLAY / SERVICE					7.1		<input checked="" type="checkbox"/>		Cleaning Schedule Present	10.3		<input checked="" type="checkbox"/>		Solid Waste Handling	
2.0 FOOD STORAGE					4.1		<input checked="" type="checkbox"/>		Display Methods	7.2		<input checked="" type="checkbox"/>		Detergents and Chemicals use and storage	11.0 LIGHTING AND VENTILLATION					
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Haz. Foods	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0 SANITARY FACILITIES					11.1		<input checked="" type="checkbox"/>		Lighting	
2.2		<input checked="" type="checkbox"/>		Frozen Storage	5.0 PERSONNEL					8.1		<input checked="" type="checkbox"/>		Staff Washroom (s)	11.2		<input checked="" type="checkbox"/>		Ventilation	
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)	12.0 GENERAL					
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)	12.1		<input checked="" type="checkbox"/>		License	
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	12.2		<input checked="" type="checkbox"/>		Rodents and Insects	
2.6		<input checked="" type="checkbox"/>		Dry Storage	6.0 FOOD EQUIPMENT & UTENSILS					8.5		<input checked="" type="checkbox"/>		Staff Change Rooms	12.3		<input checked="" type="checkbox"/>		Other Infraction	
3.0 FOOD PREPARATION					9.0 FLOORS, WALLS, CEILINGS															
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"/>	<input checked="" type="checkbox"/>		Mechanical Dishwashing	9.3		<input checked="" type="checkbox"/>		Ceilings- construction, maintenance						

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>No violations during inspection.</i>	

Green: Light yellow: ___ , Dark yellow: ___ Light red: ___ , Dark red: ___

Date of Inspection: Sept, 9, 09

Re-Inspection Required: yes ___ no If Yes, Date: _____