

FOOD SERVICE ESTABLISHMENT INSPECTION FORM



Name of Establishment: Joe's Pub & Eatery
 Operator: _____
 Licence #: 60-00391
 Address: 855 Ste-Anne, Bathurst

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: 16 Seating Capacity: 130 Water Supply: Private ___ Municipal

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"/>	10.1	<input checked="" type="checkbox"/>
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"/>
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"/>
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"/>
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"/>
2.3	<input checked="" type="checkbox"/>	Refrigerated Storage Temperature	5.1	<input checked="" type="checkbox"/>	Demonstrating Knowledge	8.2	<input checked="" type="checkbox"/>	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"/>	12.1	<input checked="" type="checkbox"/>
2.5	<input checked="" type="checkbox"/>	Refrigerated Storage Space	5.3	<input checked="" type="checkbox"/>	Personal Hygiene Practices	8.4	<input checked="" type="checkbox"/>	12.2	<input checked="" type="checkbox"/>
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"/>
3.0 FOOD PREPARATION		6.0 FOOD EQUIPMENT & UTENSILS		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"/>	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

Establishment is approved for opening.									

Green: Light yellow: _____, Dark yellow: _____
 Light red: _____, Dark red: _____

Date of Inspection: Sept. 10, 2009

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