

# FOOD PREMISES INSPECTION FORM

Name of Premises: The Apple Tree Market  
 Operator: \_\_\_\_\_  
 Address: 50 Front Street  
Gagetown, NB.

Licence #: 03-01853 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      |                            |   |   | 7.0      | FOOD EQUIPMENT AND UTENSILS |   |   | 10.2     |                                 |   |   |
| 1.1      |                               |   |   | 3.4      |                            |   |   | 7.1      |                             |   |   | 10.3     |                                 |   |   |
| 1.2      |                               |   |   | 3.5      |                            |   |   | 7.2      |                             |   |   | 11.0     | WATER SUPPLY AND WASTE DISPOSAL |   |   |
| 1.3      |                               |   |   | 3.6      |                            |   |   | 7.3      |                             |   |   | 11.1     |                                 |   |   |
| 2.0      | FOOD STORAGE                  |   |   | 4.0      | FOOD DISPLAY AND SERVICE   |   |   | 7.4      |                             |   |   | 11.2     |                                 |   |   |
| 2.1      |                               |   |   | 4.1      |                            |   |   | 7.5      |                             |   |   | 11.3     |                                 |   |   |
| 2.2      |                               |   |   | 4.2      |                            |   |   | 8.0      | CLEANING AND SANITIZING     |   |   | 12.0     | LIGHTING AND VENTILATION        |   |   |
| 2.3      |                               |   |   | 5.0      | RECORD KEEPING AND RECALLS |   |   | 8.1      |                             |   |   | 12.1     |                                 |   |   |
| 2.4      |                               |   |   | 5.1      |                            |   |   | 8.2      |                             |   |   | 12.2     |                                 |   |   |
| 2.5      |                               |   |   | 5.2      |                            |   |   | 9.0      | SANITARY FACILITIES         |   |   | 13.0     | GENERAL                         |   |   |
| 2.6      |                               |   |   | 6.0      | PERSONNEL                  |   |   | 9.1      |                             |   |   | 13.1     |                                 |   |   |
| 2.7      |                               |   |   | 6.1      |                            |   |   | 9.2      |                             |   |   | 13.2     |                                 |   |   |
| 3.0      | FOOD PREPARATION AND HANDLING |   |   | 6.2      |                            |   |   | 10.0     | FLOORS, WALLS AND CEILINGS  |   |   | 13.3     |                                 |   |   |
| 3.1      |                               |   |   | 6.3      |                            |   |   | 10.1     |                             |   |   |          |                                 |   |   |
| 3.2      |                               |   |   |          |                            |   |   |          |                             |   |   |          |                                 |   |   |

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 |
|----------|----|----|----|---|---------------------|
|          |    |    |    | * Due to Flooding and deenergiation The owner HAS Agreed to Temporarily Close his business. |                     |
|          |    |    |    | * Owner must Contact Public Health prior to Reopening.                                      |                     |
|          |    |    |    | * Must Shock Chlorinate well and have an Acceptable Water test prior to opening             |                     |

|   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Green<br><input checked="" type="checkbox"/> Light Yellow<br><input type="checkbox"/> Dark Yellow<br><input type="checkbox"/> Striped Red<br><input checked="" type="checkbox"/> Red | 3 May 2018<br>Date of Inspection: | Re-inspection Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, Date: <u>to be determined</u> |
|---|-----------------------------------|--|