

FOOD SERVICE ESTABLISHMENT INSPECTION FORM



Name of Establishment: School Horizon Tremble - P1006

Operator: [Signature]

Licence #: _____

Address: 510 St-Joseph, Moncton

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: 2 Seating Capacity: 2 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						8.5		<input checked="" type="checkbox"/>		Staff Change Rooms	12.3			<input checked="" type="checkbox"/>	Other Infraction
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

Item No.	MI	MA	CR	REMARKS	Date for Correction
				<i>no infraction at time of inspection</i>	

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

Date of Inspection: 17/12/09

Re-Inspection Required: yes _____ no

If Yes, Date: _____