

## FOOD PREMISES INSPECTION FORM

Name of Premises: Amsterdam Inn + Suites  
 Operator: \_\_\_\_\_  
 Address: 2550 Mountain Road, Moncton NB

Licence #: 01-02662 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	<b>FOOD</b>			3.3		<input checked="" type="checkbox"/>		7.0	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2		<input checked="" type="checkbox"/>	
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		<b>11.0 WATER SUPPLY AND WASTE DISPOSAL</b>			
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
2.0	<b>FOOD STORAGE</b>			4.0	<b>FOOD DISPLAY AND SERVICE</b>			7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0	<b>CLEANING AND SANITIZING</b>			<b>12.0 LIGHTING AND VENTILATION</b>			
2.3		<input checked="" type="checkbox"/>		5.0	<b>RECORD KEEPING AND RECALLS</b>			8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0	<b>SANITARY FACILITIES</b>			<b>13.0 GENERAL</b>			
2.6		<input checked="" type="checkbox"/>		6.0	<b>PERSONNEL</b>			9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
3.0	<b>FOOD PREPARATION AND HANDLING</b>			6.2		<input checked="" type="checkbox"/>		10.0	<b>FLOORS, WALLS AND CEILINGS</b>			13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>		<i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i>											

Item No.	MI	MA	CR	Remarks	Date for Correction

<input checked="" type="checkbox"/> Green		Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Light Yellow	<input type="checkbox"/> Dark Yellow	
<input type="checkbox"/> Striped Red	<input type="checkbox"/> Red	
Date of Inspection: <u>Feb. 7, 2018</u>		If Yes, Date: <u>N/A</u>