

# FOOD PREMISES INSPECTION FORM

Name of Premises: Acorn Restaurant,  
 Operator: \_\_\_\_\_  
 Address: 70 Rte 635  
Lake George NB

Licence #: 03-01539 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
8.1	X			Floor, walls and ceilings shall be kept clean and sanitary, floors throughout the kitchen need attention.	on going
9.2	X			Hand wash signs shall be posted.	Corrected
9.2		X		Hand washing stations shall not be used for any other purpose.	Corrected

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	21 Nov 2017 Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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