

FOOD PREMISES INSPECTION FORM

Name of Establishment: Alec's Lunch Box
 Operator: _____
 Address: 639 Bridgest, Bathurst

Licence #: 06-00001 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				3.3				7.0				10.2			
FOOD				FOOD DISPLAY AND SERVICE				FOOD EQUIPMENT AND UTENSILS				WATER SUPPLY AND WASTE DISPOSAL			
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"/>		7.2			<input checked="" type="checkbox"/>	11.0			
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				4.0				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				12.0			
2.3		<input checked="" type="checkbox"/>		5.0				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				13.0			
2.6		<input checked="" type="checkbox"/>		6.0				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				6.2		<input checked="" type="checkbox"/>		10.0				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"/>													

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
7.1	<input checked="" type="checkbox"/>			The fridge must be cleaned	Aug. 30, 2017
8.2		<input checked="" type="checkbox"/>		The sanitizer (N3) must be diluted. Use 2ml of solution / 950 ml water	Corrected
9.2		<input checked="" type="checkbox"/>		The handwashing sink must be cleaned and free at all time	Aug 30, 2017 corrected
10.1	<input checked="" type="checkbox"/>			Cardboard box must not be used as floor cover	Aug 30, 2017
9.2	<input checked="" type="checkbox"/>			The paper towel must be in the dispenser	Aug 31, 2017

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: August 30, 2017
 If Yes, Date: _____