

# FOOD PREMISES INSPECTION FORM

Name of Premises: York Care Centre  
 Operator: York Care Centre  
 Address: 100 Sunset Drive, Fredericton

Licence #: 03-00149 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
1.3	✓			Cracked plastic cover on bin of DRY goods. Broken or cracked containers must not be used to store foods. Correct violation as soon as possible.	not later than next Routine Inspection.
3.4		✓		Foods shall be cooled rapidly using quick chill methods. Cool from 60°C to 20°C or colder within two hours and from 20°C to 4°C or colder within four hours.	Corrected at time of inspection.
8.2		✓		Automatic Quat sanitizing solution not dispersing at 200ppm. Sanitizer solution shall be used in strict accordance with the manufacturer's instructions on the label.	Corrected at time of inspection.

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	April 29 2018 Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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