FOOD PREMISES INSPECTION FORM

Name of Establishment: Sackville Curling Club
Operator: So
Licence #: 01-00173
Address: 22 Lowndes St Sackville

Type: ___Class 1, ___Class 2, ___Class 3, ✓ Class 4, ___Class 5

Category: __Routine, __Re-inspection, __Complaint, __New Facility, __ CD Follow-up inspection

Number of employees: _____ **Seating Capacity:** _____ **Water Supply:** Private____Municipal____

New Nouveau Brunswick
Be...in this place • Être...ici on le peut

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**	3.3	✓			Holding Methods	**7.0**				**FOOD EQUIPMENT& UTENSILS**	10.3		✓		Ceilings- construction, maintenance
1.1		✓		Approved Source	3.4	✓			Cooling Methods	7.1		✓		Food Equipment- design, construction, installation and maintenance	**11.0**				**WATER SUPPLY- WASTE DISPOSAL**
1.2		✓		Purchasing and Receiving	3.5	✓			Re-Heating Methods	7.2		✓		Food Contact Surfaces	11.1		✓		Water- quality, quantity
1.3		✓		Acceptable Containers and Labeling	3.6	✓			Handling Methods	7.3		✓		Mechanical Dishwashing	11.2		✓		Sewage Disposal
2.0				**FOOD STORAGE**	**4.0**				**FOOD DISPLAY / SERVICE**	7.4		✓		Manual Dishwashing	11.3		✓		Solid Waste Handling
2.1		✓		Storage of Potentially Haz. Foods	4.1	✓			Display Methods	7.5		✓		Eating Utensils / Dishes	**12.0**				**LIGHTING AND VENTILLATION**
2.2		✓		Frozen Storage	4.2	✓			Advance Preparation	**8.0**				**CLEANING AND SANITIZING**	12.1		✓		Lighting
2.3			✓	Refrigerated Storage Temperature						8.1		✓		Cleaning and Sanitizing	12.2		✓		Ventilation
2.4		✓		Refrigerated Storage Methods	**5.0**				**RECORD KEEPING AND RECALLS**	8.2		✓		Detergents and Chemicals use and storage	**13.0**				**GENERAL**
2.5		✓		Refrigerated Storage Space	5.1	✓			Record Keeping	**9.0**				**SANITARY FACILITIES**	13.1		✓		Licence
2.6		✓		Dry Storage	5.2	✓			Recall of Food	9.1		✓		Washroom(s)	13.2		✓		Rodent and Insect Control
2.7	✓			Storage of Food for Staff	**6.0**				**PERSONNEL**	9.2		✓		Hand Washing Station (s)	13.3				Other Infractions/Hazards
3.0				**FOOD PREPARATION AND HANDLING**	6.1		✓		Demonstrating Knowledge	**10.0**				**FLOORS, WALLS, CEILINGS**					
3.1	✓			Thawing Methods	6.2		✓		Employee Health	10.1		✓		Floors- construction, maintenance					
3.2	✓			Cooking Methods	6.3		✓		Personal Hygiene Practices	10.2		✓		Walls- construction, maintenance					

Item No.	MI	MA	CR	REMARKS	Date for Correction
2.3	✓			Cold temperatures must be recorded twice a day when operating	Now

N.O-Not Observed, **S-** Satisfactory, **U-** Unsatisfactory, **MI**-Minor Infraction, **MA-** Major Infraction, **CR-** Critical Infraction

Green: ✓ **Light yellow:** ____ **Dark yellow:** ____ **Light red:** ____ **Dark red:** ____	**Date of Inspection:** March 11/10	**Re-Inspection Required:** yes____ no____ **If Yes, Date:** _____

1st page = office copy 2nd page = operator's copy 3rd page = posted copy