

FOOD PREMISES INSPECTION FORM

Name of Premises: AJ's Restaurant
 Operator: _____
 Address: 638 Maniwagonish Rd., Saint John, NB

Licence #: 02-00783 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		<input checked="" type="checkbox"/>		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2			<input checked="" type="checkbox"/>
1.1	<input checked="" type="checkbox"/>			3.4			<input checked="" type="checkbox"/>	Cooling Methods	7.1		<input checked="" type="checkbox"/>	10.3		<input checked="" type="checkbox"/>		
1.2	<input checked="" type="checkbox"/>			3.5		<input checked="" type="checkbox"/>		Re-heating Methods	7.2		<input checked="" type="checkbox"/>	11.0	WATER SUPPLY AND WASTE DISPOSAL			
1.3	<input checked="" type="checkbox"/>			3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3		<input checked="" type="checkbox"/>	11.1		<input checked="" type="checkbox"/>		
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>		
2.1		<input checked="" type="checkbox"/>		4.1	<input checked="" type="checkbox"/>			Display Methods	7.5		<input checked="" type="checkbox"/>	11.3		<input checked="" type="checkbox"/>		
2.2		<input checked="" type="checkbox"/>		4.2	<input checked="" type="checkbox"/>			Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>		
2.4		<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>			Record Keeping	8.2		<input checked="" type="checkbox"/>	12.2		<input checked="" type="checkbox"/>		
2.5		<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>			Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>		
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>	13.2			<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	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
3.4		<input checked="" type="checkbox"/>		Gravy was being cooled in a large container in the refrigerator. Foods shall be cooled rapidly using quick chill methods such as shallow pans, ice wand, ice bath, etc...	Corrected
8.2		<input checked="" type="checkbox"/>		Sanitizer solution was not available at the recommended concentration. If using a chlorine solution the concentration must be 100ppm.	Corrected
10.2	<input checked="" type="checkbox"/>			There are holes in the wall in the staff washroom. Walls are required to be kept in good repair and be designed to facilitate effective cleaning and sanitation. See previous reports.	March 2018
13.2		<input checked="" type="checkbox"/>		Rodent droppings were observed on the floor in the storage area across from the staff washroom. There shall not be any signs of insects and/or rodents.	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	Date of Inspection: <u>Sept 28 2017</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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