

FOOD SERVICE ESTABLISHMENT INSPECTION FORM

Name of Establishment: Jeremiah's Deli
 Operator: Graham Stilwell
 Licence #: 02-00374
 Address: 47 Charlotte St, Saint John

Type: Eating Establishment, Bakery, Catering Kitchen, Mobile Canteen, Institutional, Vending Machine
 Category: Routine, Re-inspection, Complaint, New Facility, Communicable Disease Follow-up inspection
 Number of employees: _____ Seating Capacity: 0 Water Supply: Private _____ Municipal

Item No.	N	O	S	U	Item	Item No.	N	O	S	U	Item	Item No.	N	O	S	U	Item								
1.0 FOOD						3.4			<input checked="" type="checkbox"/>			Cooling Methods	6.4			<input checked="" type="checkbox"/>		Manual Dish / Pot washing							
1.1			<input checked="" type="checkbox"/>		Approved Source	3.5			<input checked="" type="checkbox"/>			Re-Heating Methods	6.5			<input checked="" type="checkbox"/>		Eating Utensils / Dishes							
1.2			<input checked="" type="checkbox"/>		Purchasing and Receiving	3.6			<input checked="" type="checkbox"/>			Handling Methods	7.0 CLEANING AND SANITIZING					10.1		<input checked="" type="checkbox"/>		Water- Quality, quantity			
1.3			<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	4.0 FOOD DISPLAY / SERVICE						7.1			<input checked="" type="checkbox"/>				Cleaning Schedule Present	10.2		<input checked="" type="checkbox"/>		Sewage Disposal	
2.0 FOOD STORAGE						4.1			<input checked="" type="checkbox"/>			Display Methods	7.2			<input checked="" type="checkbox"/>			Detergents and Chemicals use and storage	11.0 LIGHTING AND VENTILLATION					
2.1			<input checked="" type="checkbox"/>		Storage of Potentially Haz. Foods	4.2			<input checked="" type="checkbox"/>			Advance Preparation	8.0 SANITARY FACILITIES					11.1		<input checked="" type="checkbox"/>		Lighting			
2.2			<input checked="" type="checkbox"/>		Frozen Storage	5.0 PERSONNEL						8.1	<input checked="" type="checkbox"/>							Staff Washroom (s)	11.2		<input checked="" type="checkbox"/>		Ventilation
2.3			<input checked="" type="checkbox"/>		Refrigerated Storage Temperature	5.1			<input checked="" type="checkbox"/>			Demonstrating Knowledge	8.2	<input checked="" type="checkbox"/>					Public Washroom (s)	12.0 GENERAL					
2.4			<input checked="" type="checkbox"/>		Refrigerated Storage Methods	5.2			<input checked="" type="checkbox"/>			Employee Health	8.3			<input checked="" type="checkbox"/>			Hand Washing Sink (s)	12.1		<input checked="" type="checkbox"/>		License	
2.5			<input checked="" type="checkbox"/>		Refrigerated Storage Space	5.3			<input checked="" type="checkbox"/>			Personal Hygiene Practices	8.4	<input checked="" type="checkbox"/>					Utility Sink / Janitor Sink	12.2		<input checked="" type="checkbox"/>		Rodents and Insects	
2.6			<input checked="" type="checkbox"/>		Dry Storage								8.5	<input checked="" type="checkbox"/>					Staff Change Rooms	12.3		<input checked="" type="checkbox"/>		Other Infraction	
3.0 FOOD PREPARATION						6.0 FOOD EQUIPMENT & UTENSILS						9.0 FLOORS, WALLS, CEILINGS													
3.1			<input checked="" type="checkbox"/>		Thawing Methods	6.1			<input checked="" type="checkbox"/>			Food Equipment- design, construction, Installation and maintenance	9.1			<input checked="" type="checkbox"/>			Floors- construction, maintenance						
3.2			<input checked="" type="checkbox"/>		Cooking Methods	6.2			<input checked="" type="checkbox"/>			Food Contact Surfaces	9.2			<input checked="" type="checkbox"/>			Walls- construction, maintenance						
3.3			<input checked="" type="checkbox"/>		Holding Methods	6.3			<input checked="" type="checkbox"/>			Mechanical Dishwashing	9.3			<input checked="" type="checkbox"/>			Ceilings- construction, maintenance						

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
2.4	<input checked="" type="checkbox"/>			ensure food products are kept covered when stored in walk in cooler. raw foods to be stored below ready-to-eat foods	Immediate
7.2	<input checked="" type="checkbox"/>			ensure test strips are available to ensure proper concentration of sanitizer	Dec 23/09

Green: Light yellow: _____, Dark yellow: _____
 Light red: _____, Dark red: _____

Date of Inspection: Dec 17/09 Re-Inspection Required: yes _____ no
 If Yes, Date: _____