

FOOD SERVICE ESTABLISHMENT INSPECTION FORM



Name of Establishment: Saint John Ale House

Type: Eating Establishment, ___ Bakery, ___ Catering Kitchen, ___ Mobile Canteen, ___ Institutional, ___ Vending Machine

Licence #: 02-01443

Category: Routine, ___ Re-inspection, ___ Complaint, ___ New Facility, ___ Communicable Disease Follow-up inspection

Address: 1 Market Sq, Saint John NB

Number of employees: 14 Seating Capacity: >25 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				
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	4.0 FOOD DISPLAY / SERVICE					7.1		<input checked="" type="checkbox"/>		Cleaning Schedule Present
2.0 FOOD STORAGE					4.1		<input checked="" type="checkbox"/>		Display Methods	7.2		<input checked="" type="checkbox"/>		Detergents and Chemicals use and storage
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Haz. Foods	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0 SANITARY FACILITIES				
2.2		<input checked="" type="checkbox"/>		Frozen Storage	5.0 PERSONNEL					8.1			<input checked="" type="checkbox"/>	Staff Washroom (s)
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)
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)
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
2.6			<input checked="" type="checkbox"/>	Dry Storage						8.5		<input checked="" type="checkbox"/>		Staff Change Rooms
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
										10.0 WATER SUPPLY- WASTE DISPOSAL				
										10.1		<input checked="" type="checkbox"/>		Water- Quality, quantity
										10.2		<input checked="" type="checkbox"/>		Sewage Disposal
										10.3		<input checked="" type="checkbox"/>		Solid Waste Handling
										11.0 LIGHTING AND VENTILLATION				
										11.1		<input checked="" type="checkbox"/>		Lighting
										11.2		<input checked="" type="checkbox"/>		Ventilation
										12.0 GENERAL				
										12.1		<input checked="" type="checkbox"/>		License
										12.2		<input checked="" type="checkbox"/>		Rodents and Insects
										12.3				Other Infraction

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
2.6	<input checked="" type="checkbox"/>			Dry Storage Containers must be labelled	Today
2.6	<input checked="" type="checkbox"/>			Scoops must not be stored in product (flour, etc), as handle can cause contamination	Today
8.1	<input checked="" type="checkbox"/>			Paper towel dispenser required in staff washroom	A.S.A.P.
9.1	<input checked="" type="checkbox"/>			Floor requires repair in front of deep fryers It is peeling + missing pieces	Next routine inspection
				Floor must be of smooth, nonabsorbant construction.	
New handwash sign provided for handwash sink & staff washroom					

Green:
 Light yellow: ___ , Dark yellow: ___
 Light red: ___ , Dark red: ___

Date of Inspection:

October 22 2009

Re-Inspection Required: yes ___ no

If Yes, Date: