

FOOD SERVICE ESTABLISHMENT INSPECTION FORM

Name of Establishment: Jack's Pizzeria
 Operat: _____
 Licence #: 01-01478
 Address: 153 Vestraire Street, Shediac

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: ~~42~~ ² Seating Capacity: 162 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			<i>N/A</i>	Utility Sink / Janitor Sink
2.6			<input checked="" type="checkbox"/>	Dry Storage	6.0 FOOD EQUIPMENT & UTENSILS					8.5			<i>N/A</i>	Staff Change Rooms
3.0 FOOD PREPARATION					6.1			<input checked="" type="checkbox"/>	Food Equipment- design, construction, Installation and maintenance	9.0 FLOORS, WALLS, CEILINGS				
3.1		<input checked="" type="checkbox"/>		Thawing Methods	6.2			<input checked="" type="checkbox"/>	Food Contact Surfaces	9.1			<input checked="" type="checkbox"/>	Floors- construction, maintenance
3.2		<input checked="" type="checkbox"/>		Cooking Methods	6.3			<i>N/A</i>	Mechanical Dishwashing	9.2			<input checked="" type="checkbox"/>	Walls- construction, maintenance
3.3			<input checked="" type="checkbox"/>	Holding Methods	9.0 FLOORS, WALLS, CEILINGS					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
2.3	<input checked="" type="checkbox"/>			Temperature was not being recorded, Temperature must be recorded twice a day	immediately
2.6	<input checked="" type="checkbox"/>			Food shall be stored in a manner to prevent cross contamination, once a bag is open it must be transferred in a sealed container	immediately
3.3	<input checked="" type="checkbox"/>			Temperature for Hot Holding was not being recorded, Temperature for Hot Holding must be recorded every 4 hours of operation	immediately
6.2		<input checked="" type="checkbox"/>		Cutting Board are no* longer easily cleanable and smooth, Cutting Board shall be resurfaced or discarded if they cannot be resurfaced	Corrected

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

Date of Inspection: September 3/2009 Re-Inspection Required: yes _____ no If Yes, Date: _____

