

FOOD PREMISES INSPECTION FORM

Name of Premises: Yuk Yuk's Saint John
 Operator: _____
 Address: 32 Gramson St. Saint John

Licence #: _____ Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 Water Supply: Private Municipal



1.0 FOOD		3.0		Holding Methods		7.0 FOOD EQUIPMENT AND UTENSILS		10.2			
1.1	<input checked="" type="checkbox"/>	Approved Source	3.4	<input checked="" type="checkbox"/>	Cooling Methods	7.1	<input checked="" type="checkbox"/>	Food Equipment (Design, Construction, Installation and Maintenance)	10.3	<input checked="" type="checkbox"/>	Walls (Construction and Maintenance)
1.2	<input checked="" type="checkbox"/>	Purchasing and Receiving	3.5	<input checked="" type="checkbox"/>	Re-heating Methods	7.2	<input checked="" type="checkbox"/>	Food Contact Surfaces	11.0	WATER SUPPLY AND WASTE DISPOSAL	
1.3	<input checked="" type="checkbox"/>	Acceptable Containers and Labeling	3.6	<input checked="" type="checkbox"/>	Handling Methods	7.3	<input checked="" type="checkbox"/>	Mechanical Dishwashing	11.1	<input checked="" type="checkbox"/>	Water (Quality and Quantity)
2.0 FOOD STORAGE		4.0 FOOD DISPLAY AND SERVICE		7.4		7.4		11.2		11.3	
2.1	<input checked="" type="checkbox"/>	Storage of Potentially Hazardous Foods	4.1	<input checked="" type="checkbox"/>	Display Methods	7.5	<input checked="" type="checkbox"/>	Manual Dishwashing	11.2	<input checked="" type="checkbox"/>	Sewage Disposal
2.2	<input checked="" type="checkbox"/>	Frozen Storage	4.2	<input checked="" type="checkbox"/>	Advance Preparation	8.0	CLEANING AND SANITIZING		11.3	<input checked="" type="checkbox"/>	Solid Waste Handling
2.3	<input checked="" type="checkbox"/>	Refrigerated Storage (Temperature)	5.0	RECORD KEEPING AND RECALLS		8.1	<input checked="" type="checkbox"/>	Cleaning and Sanitizing	12.0	LIGHTING AND VENTILATION	
2.4	<input checked="" type="checkbox"/>	Refrigerated Storage (Methods)	5.1	<input checked="" type="checkbox"/>	Record Keeping	8.2	<input checked="" type="checkbox"/>	Detergents and Chemical Use and Storage	12.1	<input checked="" type="checkbox"/>	Lighting
2.5	<input checked="" type="checkbox"/>	Refrigerated Storage (Space)	5.2	<input checked="" type="checkbox"/>	Recall of Food	9.0	SANITARY FACILITIES		12.2	<input checked="" type="checkbox"/>	Ventilation
2.6	<input checked="" type="checkbox"/>	Dry Storage	6.0	PERSONNEL		9.1	<input checked="" type="checkbox"/>	Washroom(s)	13.0	GENERAL	
2.7	<input checked="" type="checkbox"/>	Storage of Food for Staff	6.1	<input checked="" type="checkbox"/>	Demonstrating Knowledge	9.2	<input checked="" type="checkbox"/>	Hand Washing Station(s)	13.1	<input checked="" type="checkbox"/>	Licence
3.0 FOOD PREPARATION AND HANDLING		6.2		10.0 FLOORS, WALLS AND CEILINGS		10.1		13.2		13.3	
3.1	<input checked="" type="checkbox"/>	Thawing Methods	6.3	<input checked="" type="checkbox"/>	Employee Health	10.1	<input checked="" type="checkbox"/>	Floors (Construction and Maintenance)	13.3	<input checked="" type="checkbox"/>	Other Infractions/Hazards
3.2	<input checked="" type="checkbox"/>	Cooking Methods		<input checked="" type="checkbox"/>	Personal Hygiene Practices						

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

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____	Date of Inspection: <u>March 29/2017</u>
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