

FOOD SERVICE ESTABLISHMENT INSPECTION FORM



Name of Establishment: School Petitcodiac High - 81136
 Operat _____
 Licence #: 01-00717
 Address: Petitcodiac, NB

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: 31 Seating Capacity: 150 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"/>		10.0	WATER SUPPLY- WASTE DISPOSAL	
1.1		<input checked="" type="checkbox"/>		Approved Source	3.5		<input checked="" type="checkbox"/>		Re-Heating Methods	6.5		<input checked="" type="checkbox"/>		10.1	<input checked="" type="checkbox"/>	Water- Quality, quantity
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.6		<input checked="" type="checkbox"/>		Handling Methods	7.0				10.2	<input checked="" type="checkbox"/>	Sewage Disposal
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	4.0				FOOD DISPLAY / SERVICE	7.1		<input checked="" type="checkbox"/>		10.3	<input checked="" type="checkbox"/>	Solid Waste Handling
2.0				FOOD STORAGE	4.1		<input checked="" type="checkbox"/>		Display Methods	7.2		<input checked="" type="checkbox"/>		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				11.1	<input checked="" type="checkbox"/>	Lighting
2.2		<input checked="" type="checkbox"/>		Frozen Storage	5.0				PERSONNEL	8.1		<input checked="" type="checkbox"/>		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"/>		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"/>		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"/>		12.2	<input checked="" type="checkbox"/>	Rodents and Insects
2.6		<input checked="" type="checkbox"/>		Dry Storage						8.5		<input checked="" type="checkbox"/>		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
				previous infraction was corrected, infraction 2.3 was corrected	

Green: , Light yellow: ___ , Dark yellow: ___ , Light red: ___ , Dark red: ___
 Date of Inspection: Oct 23 / 09
 Re-Inspection Required: yes ___ no
 If Yes, Date: _____