

FOOD PREMISES INSPECTION FORM

Name of Establishment: SALISBURY Subway

Type: ~~Class 1~~ Class 1, ___ Class 2, ___ Class 3, Class 4, ___ Class 5

Operator: E. [unclear]

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

Licence #: [unclear]

Address: 2986 FREDERICTON RD, SALISBURY

Number of employees: 2 Seating Capacity: 55 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	3.3		<input checked="" type="checkbox"/>		Holding Methods	7.0				FOOD EQUIPMENT & UTENSILS
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
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
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
2.0				FOOD STORAGE	4.0				FOOD DISPLAY / SERVICE	7.4		<input checked="" type="checkbox"/>		Manual Dishwashing
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Haz. Foods	4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>		Eating Utensils / Dishes
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0				CLEANING AND SANITIZING
2.3			<input checked="" type="checkbox"/>	Refrigerated Storage Temperature						8.1		<input checked="" type="checkbox"/>		Cleaning and Sanitizing
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage Methods	5.0				RECORD KEEPING AND RECALLS	8.2		<input checked="" type="checkbox"/>		Detergents and Chemicals use and storage
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage Space	5.1	<input checked="" type="checkbox"/>			Record Keeping	9.0				SANITARY FACILITIES
2.6		<input checked="" type="checkbox"/>		Dry Storage	5.2	<input checked="" type="checkbox"/>			Recall of Food	9.1		<input checked="" type="checkbox"/>		Washroom(s)
2.7	<input checked="" type="checkbox"/>			Storage of Food for Staff	6.0				PERSONNEL	9.2		<input checked="" type="checkbox"/>		Hand Washing Station (s)
3.0				FOOD PREPARATION AND HANDLING	6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	10.0				FLOORS, WALLS, CEILINGS
3.1		<input checked="" type="checkbox"/>		Thawing Methods	6.2			<input checked="" type="checkbox"/>	Employee Health	10.1		<input checked="" type="checkbox"/>		Floors- construction, maintenance
3.2		<input checked="" type="checkbox"/>		Cooking Methods	6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.2		<input checked="" type="checkbox"/>		Walls- construction, maintenance
10.3														Ceilings- construction, maintenance
11.0														WATER SUPPLY- WASTE DISPOSAL
11.1														Water- quality, quantity
11.2														Sewage Disposal
11.3														Solid Waste Handling
12.0														LIGHTING AND VENTILLATION
12.1														Lighting
12.2														Ventilation
13.0														GENERAL
13.1														Licence
13.2														Rodent and Insect Control
13.3														Other Infractions/Hazards

Item No.	MI	MA	CR	REMARKS	Date for Correction
2.3	<input checked="" type="checkbox"/>			Large 2 door fridge with milk to be recorded for temperature at least 2x daily.	NEXT ROUTINE
2.3	<input checked="" type="checkbox"/>			Under counter refrigeration unit to be recorded for temperature at least 2x daily.	NEXT ROUTINE
6.2	<input checked="" type="checkbox"/>			Staff health policy to be developed and posted.	NEXT ROUTINE

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

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

Date of Inspection: MAR. 8, 2010

Re-inspection Required: yes ___ no

If Yes, Date: ___