

Name of Premises: Ally (Market SQ)
Operator:
Address: Market SQ
Saint John NB

Type: ☐ Class 3 ☒ Class 4 ☐ Class 5

Water Supply: ☐ Private ☒ Municipal



Item No.	N.O.	S	U	Item Description	Item No.	N.O.	S	U	Item Description	Item No.	N.O.	S	U	Item Description
1.0				FOOD	3.3			✓	Holding Methods	7.0				FOOD EQUIPMENT AND UTENSILS
1.1		✓		Approved Source	3.4			✓	Cooling Methods	7.1			✓	Food Equipment (Design, Construction, Installation and Maintenance)
1.2		✓		Purchasing and Receiving	3.5			✓	Re-heating Methods	7.2			✓	Food Contact Surfaces
1.3		✓		Acceptable Containers and Labeling	3.6			✓	Handling Methods	7.3	✓			Mechanical Dishwashing
2.0				FOOD STORAGE	4.0				FOOD DISPLAY AND SERVICE	7.4			✓	Manual Dishwashing
2.1		✓		Storage of Potentially Hazardous Foods	4.1			✓	Display Methods	7.5			✓	Eating Utensils and Dishes
2.2			✓	Frozen Storage	4.2			✓	Advance Preparation	8.0				CLEANING AND SANITIZING
2.3		✓		Refrigerated Storage (Temperature)	5.0				RECORD KEEPING AND RECALLS	8.1			✓	Cleaning and Sanitizing
2.4		✓		Refrigerated Storage (Methods)	5.1			✓	Record Keeping	8.2			✓	Detergents and Chemical Use and Storage
2.5		✓		Refrigerated Storage (Space)	5.2			✓	Recall of Food	9.0				SANITARY FACILITIES
2.6			✓	Dry Storage	6.0				PERSONNEL	9.1			✓	Washroom(s)
2.7		✓		Storage of Food for Staff	6.1			✓	Demonstrating Knowledge	9.2			✓	Hand Washing Station(s)
3.0				FOOD PREPARATION AND HANDLING	6.2			✓	Employee Health	10.0				FLOORS, WALLS AND CEILINGS
3.1		✓		Thawing Methods	6.3			✓	Personal Hygiene Practices	10.1			✓	Floors (Construction and Maintenance)
3.2		✓		Cooking Methods										

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

[illegible]

<input checked="checked" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<div style="font-size: 2em; font-family: cursive;">October 2, 2014</div> <p>Date of Inspection:</p>	<p>Re-inspection Required: <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No</p> <p>If Yes, Date:</p>
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