FOOD PREMISES INSPECTION FORM

New Nouveau Brunswick
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Name of [redacted]lishment: Sackville Sm. Easy Takeout
Operator: ___
Licence #: 010 11792
Address: 75 Main St, Sackville

Type: ___Class 1, ___Class 2, ___Class 3, ✓ Class 4, ___Class 5
Category: __Routine, ✓ Re-inspection, __Complaint, __New Facility, __ CD Follow-up inspection
Number of employees: 1 Seating Capacity: — 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	Item No.	N.O	S	U	Item
1.0				**FOOD**	3.3				Holding Methods	**7.0**				**FOOD EQUIPMENT& UTENSILS**	10.3				Ceilings- construction, maintenance
1.1				Approved Source	3.4				Cooling Methods	7.1				Food Equipment- design, construction, installation and maintenance	**11.0**				**WATER SUPPLY- WASTE DISPOSAL**
1.2				Purchasing and Receiving	3.5				Re-Heating Methods	7.2				Food Contact Surfaces	11.1				Water- quality, quantity
1.3				Acceptable Containers and Labeling	3.6				Handling Methods	7.3				Mechanical Dishwashing	11.2				Sewage Disposal
2.0				**FOOD STORAGE**	**4.0**				**FOOD DISPLAY / SERVICE**	7.4				Manual Dishwashing	11.3				Solid Waste Handling
2.1				Storage of Potentially Haz. Foods	4.1				Display Methods	7.5				Eating Utensils / Dishes	**12.0**				**LIGHTING AND VENTILLATION**
2.2				Frozen Storage	4.2				Advance Preparation	**8.0**				**CLEANING AND SANITIZING**	12.1				Lighting
2.3				Refrigerated Storage Temperature						8.1				Cleaning and Sanitizing	12.2				Ventilation
2.4				Refrigerated Storage Methods	**5.0**				**RECORD KEEPING AND RECALLS**	8.2				Detergents and Chemicals use and storage	**13.0**				**GENERAL**
2.5				Refrigerated Storage Space	5.1				Record Keeping	**9.0**				**SANITARY FACILITIES**	13.1				Licence
2.6				Dry Storage	5.2				Recall of Food	9.1				Washroom(s)	13.2				Rodent and Insect Control
2.7				Storage of Food for Staff	**6.0**				**PERSONNEL**	9.2				Hand Washing Station (s)	13.3				Other Infractions/Hazards
3.0				**FOOD PREPARATION AND HANDLING**	6.1				Demonstrating Knowledge	**10.0**				**FLOORS, WALLS, CEILINGS**					
3.1				Thawing Methods	6.2				Employee Health	10.1		✓		Floors- construction, maintenance					
3.2				Cooking Methods	6.3				Personal Hygiene Practices	10.2		✓		Walls- construction, maintenance					

Item No.	MI	MA	CR	REMARKS	Date for Correction
				Follow up inspection - Items 10.1, & 10.2 Corrected	

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: March 17/10	Re-Inspection Required: yes___ no ✓ If Yes, Date: ___

1st page = office copy 2nd page = operator's copy 3rd page = posted copy