

FOOD PREMISES INSPECTION FORM

Name of Establishment: Scholtens & Somerset LTD

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

Licence #: 02-00682

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

Address: 511 Somerset St. St. John's NB

Number of employees: 17 Seating Capacity: 0 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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Holding Methods	7.0				FOOD EQUIPMENT & UTENSILS	10.3		<input checked="" type="checkbox"/>		Ceilings- construction, maintenance
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	11.0				WATER SUPPLY- WASTE DISPOSAL
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	11.1		<input checked="" type="checkbox"/>		Water- quality, quantity
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	11.2		<input checked="" type="checkbox"/>		Sewage Disposal
2.0				FOOD STORAGE	4.0				FOOD DISPLAY / SERVICE	7.4		<input checked="" type="checkbox"/>		Manual Dishwashing	11.3		<input checked="" type="checkbox"/>		Solid Waste Handling
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	12.0				LIGHTING AND VENTILLATION
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0				CLEANING AND SANITIZING	12.1		<input checked="" type="checkbox"/>		Lighting
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage Temperature						8.1		<input checked="" type="checkbox"/>		Cleaning and Sanitizing	12.2		<input checked="" type="checkbox"/>		Ventilation
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	13.0				GENERAL
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage Space	5.1		<input checked="" type="checkbox"/>		Record Keeping	9.0				SANITARY FACILITIES	13.1		<input checked="" type="checkbox"/>		Licence
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)	13.2		<input checked="" type="checkbox"/>		Rodent and Insect Control
2.7		<input checked="" type="checkbox"/>		Storage of Food for Staff	6.0				PERSONNEL	9.2		<input checked="" type="checkbox"/>		Hand Washing Station (s)	13.3				Other Infractions/Hazards
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					

Item No.	MI	MA	CR	REMARKS	Date for Correction
2.6	<input checked="" type="checkbox"/>			Onions stored on floor in bag (back storage area). Must be stored 6 inches up off the ground.	Today
2.3	<input checked="" type="checkbox"/>			- Add hot holding units for hotdogs to temperature logs (temp taken every 4 hours)	Today
				Blue copy of inspection report must be posted in an area visible to the public (As of Jan 4/10)	

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: January 8, 2010 Re-Inspection Required: yes ___ no

If Yes, Date: _____