

# FOOD PREMISES INSPECTION FORM

Name of Premises: A+W Restaurant  
 Operator: Boome Foods Service Ltd  
 Address: 6 Champlain St  
Dieppe, NB

Licence #: 01-01448 Type:  Class 3  Class 4  Class 5  
 Category:  Routine  Re-inspection  New Licence  Complaint  CD Follow-up Inspection  
 Water Supply:  Private  Municipal



Item No.	N.O.	S	U		Item No.	N.O.	S	U		Item No.	N.O.	S	U		Item No.	N.O.	S	U	
1.0	FOOD				3.3		<input checked="" type="checkbox"/>		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS				10.2		<input checked="" type="checkbox"/>		Walls (Construction and Maintenance)
1.1	<input checked="" type="checkbox"/>	<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)	10.3		<input checked="" type="checkbox"/>		Ceilings (Constructions 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	11.0 WATER SUPPLY AND WASTE DISPOSAL				
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	11.1		<input checked="" type="checkbox"/>		Water (Quality and Quantity)
2.0	FOOD STORAGE				4.0	FOOD DISPLAY AND SERVICE				7.4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Manual Dishwashing	11.2		<input checked="" type="checkbox"/>		Sewage Disposal
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>		Eating Utensils and Dishes	11.3		<input checked="" type="checkbox"/>		Solid Waste Handling
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0 CLEANING AND SANITIZING				12.0 LIGHTING AND VENTILATION					
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	5.0	RECORD KEEPING AND RECALLS				8.1		<input checked="" type="checkbox"/>		Cleaning and Sanitizing	12.1		<input checked="" type="checkbox"/>		Lighting
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	5.1		<input checked="" type="checkbox"/>		Record Keeping	8.2		<input checked="" type="checkbox"/>		Detergents and Chemical Use and Storage	12.2		<input checked="" type="checkbox"/>		Ventilation
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	5.2		<input checked="" type="checkbox"/>		Recall of Food	9.0 SANITARY FACILITIES				13.0 GENERAL					
2.6		<input checked="" type="checkbox"/>		Dry Storage	6.0	PERSONNEL				9.1		<input checked="" type="checkbox"/>		Washroom(s)	13.1		<input checked="" type="checkbox"/>		Licence
2.7	<input checked="" type="checkbox"/>			Storage of Food for Staff	6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		Hand Washing Station(s)	13.2		<input checked="" type="checkbox"/>		Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING				6.2		<input checked="" type="checkbox"/>		Employee Health	10.0 FLOORS, WALLS AND CEILINGS				13.3					
3.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Thawing Methods	6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>		Floors (Construction and Maintenance)					Other Infractions/Hazards
3.2		<input checked="" type="checkbox"/>		Cooking Methods															

*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
9.2	<input checked="" type="checkbox"/>			Paper towel roll must be in dispenser	Corrected

Green  
 Light Yellow    Dark Yellow  
 Striped Red    Red

Re-inspection Required:  Yes  No  
 Date of Inspection: 8-Feb-2018  
 If Yes, Date: