

# FOOD PREMISES INSPECTION FORM

Name of Premises: On The Vine Meat + Produce  
 Operator: \_\_\_\_\_  
 Address: 1350 Hickey Rd. Saint John

Licence #: 02-02611 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
<b>1.0</b>	<b>FOOD</b>			3.3	<input checked="" type="checkbox"/>			7.0	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2	<input checked="" type="checkbox"/>		
1.1	<input checked="" type="checkbox"/>			3.4	<input checked="" type="checkbox"/>			7.1	<input checked="" type="checkbox"/>			10.3	<input checked="" type="checkbox"/>		
1.2	<input checked="" type="checkbox"/>			3.5	<input checked="" type="checkbox"/>			7.2	<input checked="" type="checkbox"/>			<b>11.0 WATER SUPPLY AND WASTE DISPOSAL</b>			
1.3	<input checked="" type="checkbox"/>			3.6	<input checked="" type="checkbox"/>			7.3	<input checked="" type="checkbox"/>			11.1	<input checked="" type="checkbox"/>		
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>			7.4	<input checked="" type="checkbox"/>			11.2	<input checked="" type="checkbox"/>		
2.1	<input checked="" type="checkbox"/>			4.1	<input checked="" type="checkbox"/>			7.5	<input checked="" type="checkbox"/>			11.3	<input checked="" type="checkbox"/>		
2.2	<input checked="" type="checkbox"/>			4.2	<input checked="" type="checkbox"/>			<b>8.0 CLEANING AND SANITIZING</b>			<b>12.0 LIGHTING AND VENTILATION</b>				
2.3	<input checked="" type="checkbox"/>			<b>5.0</b>	<b>RECORD KEEPING AND RECALLS</b>			8.1	<input checked="" type="checkbox"/>			12.1	<input checked="" type="checkbox"/>		
2.4	<input checked="" type="checkbox"/>			5.1	<input checked="" type="checkbox"/>			8.2	<input checked="" type="checkbox"/>			12.2	<input checked="" type="checkbox"/>		
2.5	<input checked="" type="checkbox"/>			5.2	<input checked="" type="checkbox"/>			<b>9.0 SANITARY FACILITIES</b>			<b>13.0 GENERAL</b>				
2.6	<input checked="" type="checkbox"/>			<b>6.0</b>	<b>PERSONNEL</b>			9.1	<input checked="" type="checkbox"/>			13.1	<input checked="" type="checkbox"/>		
2.7	<input checked="" type="checkbox"/>			6.1		<input checked="" type="checkbox"/>		9.2	<input checked="" type="checkbox"/>			13.2	<input checked="" type="checkbox"/>		
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2	<input checked="" type="checkbox"/>			<b>10.0 FLOORS, WALLS AND CEILINGS</b>			13.3	<input checked="" type="checkbox"/>			
3.1	<input checked="" type="checkbox"/>			6.3	<input checked="" type="checkbox"/>			10.1	<input checked="" type="checkbox"/>						
3.2	<input checked="" type="checkbox"/>														

*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

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<u>Jan 31 / 2018</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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