

### FOOD PREMISES INSPECTION FORM

Name of Premises: Best Western Grand Falls  
 Address: 187 rue Ouellette  
Grand Falls

Licence #: 04-00072 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	✓			Holding Methods	<b>7.0</b>	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2		✓	
1.1		✓		3.4	✓			Cooling Methods	7.1		✓		10.3		✓	
1.2		✓		3.5		✓		Re-heating Methods	7.2		✓		<b>11.0 WATER SUPPLY AND WASTE DISPOSAL</b>			
1.3		✓		3.6		✓		Handling Methods	7.3		✓		11.1		✓	
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>			7.4		✓		11.2		✓		
2.1		✓		4.1		✓		Display Methods	7.5		✓		11.3		✓	
2.2		✓		4.2		✓		Advance Preparation	<b>8.0</b>	<b>CLEANING AND SANITIZING</b>			<b>12.0</b>	<b>LIGHTING AND VENTILATION</b>		
2.3		✓		<b>5.0</b>	<b>RECORD KEEPING AND RECALLS</b>			8.1		✓		12.1		✓		
2.4		✓		5.1		✓		Record Keeping	8.2		✓		12.2		✓	
2.5		✓		5.2		✓		Recall of Food	<b>9.0</b>	<b>SANITARY FACILITIES</b>			<b>13.0</b>	<b>GENERAL</b>		
2.6		✓		<b>6.0</b>	<b>PERSONNEL</b>			9.1		✓		13.1		✓		
2.7		✓		6.1		✓		Demonstrating Knowledge	9.2		✓		13.2		✓	
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2		✓		Employee Health	<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>			13.3		✓	
3.1		✓		6.3		✓		Personal Hygiene Practices	10.1		✓					
3.2		✓						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
2.3		✓		<i>assurer d'avoir les dossiers de temperature des unités de réfrigération de disponible en tout temps</i>	<i>immédiatement</i>

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	14/08/2021 Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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