

## FOOD PREMISES INSPECTION FORM

Name of Premises: Ernest Robichaud  
 Operator: Ernest Robichaud  
 Address: 4654 Route 14, Tabernash, N.B.

Licence #: 07-00219 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 Description	Item No.	N.O.	S	U	Item Description	Item No.	N.O.	S	U	Item Description
1.0				FOOD	3.3		✓		Holding Methods	7.0				FOOD EQUIPMENT AND UTENSILS
1.1		✓		Approved Source	3.4		✓		Cooling Methods	7.1	✓			Food Equipment (Design, Construction, Installation and Maintenance)
1.2		✓		Purchasing and Receiving	3.5		✓		Re-heating Methods	7.2	✓			Food Contact Surfaces
1.3		✓		Acceptable Containers and Labeling	3.6			✓	Handling Methods	7.3	✓			Mechanical Dishwashing
2.0				FOOD STORAGE	4.0				FOOD DISPLAY AND SERVICE	7.4	✓			Manual Dishwashing
2.1		✓		Storage of Potentially Hazardous Foods	4.1			✓	Display Methods	7.5	✓			Eating Utensils and Dishes
2.2		✓		Frozen Storage	4.2			✓	Advance Preparation	8.0				CLEANING AND SANITIZING
2.3		✓		Refrigerated Storage (Temperature)	5.0				RECORD KEEPING AND RECALLS	8.1	✓			Cleaning and Sanitizing
2.4		✓		Refrigerated Storage (Methods)	5.1			✓	Record Keeping	8.2	✓			Detergents and Chemical Use and Storage
2.5		✓		Refrigerated Storage (Space)	5.2			✓	Recall of Food	9.0				SANITARY FACILITIES
2.6		✓		Dry Storage	6.0				PERSONNEL	9.1	✓			Washroom(s)
2.7		✓		Storage of Food for Staff	6.1			✓	Demonstrating Knowledge	9.2	✓			Hand Washing Station(s)
3.0				FOOD PREPARATION AND HANDLING	6.2			✓	Employee Health	10.0				FLOORS, WALLS AND CEILINGS
3.1	✓			Thawing Methods	6.3			✓	Personal Hygiene Practices	10.1	✓			Floors (Construction and Maintenance)
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 of Inspection

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	30/01/2020 Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:	
--	-----------------------------------	--	--