

Abattoir Inspection Report – Class 5 Premise

Name of Premise: Jamieson Beef

Species Slaughtered: Beef Hog Poultry Lamb Goat Rabbit Other

Address: 356 Kelly Road, Grand Falls NB E3Z 1K4

Category: Routine Re-inspection Complaint New Facility

Number of Employees: 7
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 | | | | Receiving | 3.2 | | <input checked="" type="checkbox"/> | | Handling Methods | 7.2 | | <input checked="" type="checkbox"/> | | Hand Washing Stations | 11.0 | | | | General |
| 1.1 | <input checked="" type="checkbox"/> | | | Holding pens and barn | 3.3 | | <input checked="" type="checkbox"/> | | Transportation | 7.3 | | <input checked="" type="checkbox"/> | | Equipment Washing Sinks | 11.1 | | | <input checked="" type="checkbox"/> | License |
| 1.2 | <input checked="" type="checkbox"/> | | | Animal Health | 4.0 | | | | Personnel | 7.4 | | <input checked="" type="checkbox"/> | | Staff Rooms | 11.2 | | | <input checked="" type="checkbox"/> | Rodent and Insect Control |
| 1.3 | | <input checked="" type="checkbox"/> | | Approved Source | 4.1 | | <input checked="" type="checkbox"/> | | Demonstrates knowledge | 8.0 | | | | Floors, Walls, Ceilings | 11.3 | | | | Other Infractions/Hazards |
| 1.4 | <input checked="" type="checkbox"/> | | | Purchasing and Receiving | 4.2 | | <input checked="" type="checkbox"/> | | Employee Health | 8.1 | | <input checked="" type="checkbox"/> | | Floors – construction, maintenance | 12.0 | | | | Recall and Record Keeping |
| 2.0 | | | | Food Storage | 4.3 | | <input checked="" type="checkbox"/> | | Personal Hygiene Practices | 8.2 | | <input checked="" type="checkbox"/> | | Walls – construction, maintenance | 12.1 | | | <input checked="" type="checkbox"/> | Record Keeping |
| 2.1 | | <input checked="" type="checkbox"/> | | Frozen Storage | 5.0 | | | | Food Equipment and Utensils | 8.3 | | <input checked="" type="checkbox"/> | | Ceilings– construction, maintenance | 12.2 | | | <input checked="" type="checkbox"/> | Recall of Food |
| 2.2 | | <input checked="" type="checkbox"/> | | Refrigeration Storage/Temperature | 5.1 | | <input checked="" type="checkbox"/> | | Non-food Contact | 9.0 | | | | Water Supply – Waste Disposal | | | | | |
| 2.3 | | <input checked="" type="checkbox"/> | | Refrigerated Storage/Methods | 5.2 | | <input checked="" type="checkbox"/> | | Food Contact | 9.1 | | <input checked="" type="checkbox"/> | | Water – Quality Quantity | | | | | |
| 2.4 | | <input checked="" type="checkbox"/> | | Refrigerated Storage/Space | 6.0 | | | | Cleaning and Sanitizing | 9.2 | | <input checked="" type="checkbox"/> | | Sewage Disposal | | | | | |
| 2.5 | | <input checked="" type="checkbox"/> | | Dry Storage | 6.1 | | <input checked="" type="checkbox"/> | | Sanitation Procedures/Chemical Use/Storage | 9.3 | | <input checked="" type="checkbox"/> | | Solid Waste Handling | | | | | |
| 2.6 | | <input checked="" type="checkbox"/> | | Labeling and Acceptable Containers | 6.2 | | <input checked="" type="checkbox"/> | | Sanitation | 10.0 | | | | Lighting and Ventilation | | | | | |
| 3.0 | | | | Food Preparation and Handling | 7.0 | | | | Sanitary Facilities | 10.1 | | <input checked="" type="checkbox"/> | | Lighting | | | | | |
| 3.1 | <input checked="" type="checkbox"/> | | | Thawing Methods | 7.1 | | <input checked="" type="checkbox"/> | | Staff Washrooms | 10.2 | | <input checked="" type="checkbox"/> | | Ventilation | | | | | |

N.O-Not Observed S - Satisfactory, U- Unacceptable, MI-Minor infraction, MA- Major Infraction, CR- Critical Infraction

| Item No. | MI | MA | CR | REMARKS | Date for Correction |
|----------|-------------------------------------|----|----|---|---------------------|
| 6.1 | <input checked="" type="checkbox"/> | | | PH Chlorine Strips (200ppm) to be available | immediately |
| 9.1 | <input checked="" type="checkbox"/> | | | Water: Inorganic + organic test are due | this week. |

Green: Light Yellow: Dark yellow:
 Striped Red: Red:
 White – Office Yellow – Operator Blue – copy for Posting

Date: March 26/2021 Re-Inspection Required: yes no Date: