

## FOOD PREMISES INSPECTION FORM

Name of Premises: AC Shaukey's  
 Operator: \_\_\_\_\_  
 Address: 2 Curtis Rd  
 Florenceville - Bristol NB

Licence #: 32-00339 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				3.3			✓	7.0				10.2			
FOOD				Holding Methods				FOOD EQUIPMENT AND UTENSILS				Walls (Construction and Maintenance)			
1.1		✓		3.4			✓	7.1				10.3			
Approved Source				Cooling Methods				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Constructions and Maintenance)			
1.2		✓		3.5			✓	7.2				11.0			
Purchasing and Receiving				Re-heating Methods				Food Contact Surfaces				WATER SUPPLY AND WASTE DISPOSAL			
1.3		✓		3.6			✓	7.3				11.1			
Acceptable Containers and Labeling				Handling Methods				Mechanical Dishwashing				Water (Quality and Quantity)			
2.0				4.0				7.4				11.2			
FOOD STORAGE				FOOD DISPLAY AND SERVICE				Manual Dishwashing				Sewage Disposal			
2.1		✓		4.1			✓	7.5				11.3			
Storage of Potentially Hazardous Foods				Display Methods				Eating Utensils and Dishes				Solid Waste Handling			
2.2		✓		4.2			✓	8.0				12.0			
Frozen Storage				Advance Preparation				CLEANING AND SANITIZING				LIGHTING AND VENTILATION			
2.3		✓		5.0				8.1				12.1			
Refrigerated Storage (Temperature)				RECORD KEEPING AND REGALLS				Cleaning and Sanitizing				Lighting			
2.4		✓		5.1			✓	8.2				12.2			
Refrigerated Storage (Methods)				Record Keeping				Detergents and Chemical Use and Storage				Ventilation			
2.5		✓		5.2			✓	9.0				13.0			
Refrigerated Storage (Space)				Recall of Food				SANITARY FACILITIES				GENERAL			
2.6		✓		5.0				9.1				13.1			
Dry Storage				PERSONNEL				Washroom(s)				Licence			
2.7		✓		5.1			✓	9.2				13.2			
Storage of Food for Staff				Demonstrating Knowledge				Hand Washing Station(s)				Rodent and Insect Control			
3.0				6.2			✓	10.0				13.3			
FOOD PREPARATION AND HANDLING				Employee Health				FLOORS, WALLS AND CEILINGS				Other Infractions/Hazards			
3.1				6.3			✓	10.1							
Thawing Methods				Personal Hygiene Practices				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 for Correction
<div style="font-size: 2em; font-family: cursive;">NO violations</div>					

<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>Aug 22 18</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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