

FOOD PREMISES INSPECTION FORM

Name of Premises: Bowlazama
 Operator: _____
 Address: 248 Lancaster Ave., Saint John

Licence #: 02-00117 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	FOOD			3.3				Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1				3.4				Cooling Methods	7.1				10.3			
1.2				3.5				Re-heating Methods	7.2				WATER SUPPLY AND WASTE DISPOSAL			
1.3				3.6				Handling Methods	7.3		<input checked="" type="checkbox"/>		11.1			
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4				11.2				
2.1				4.1				Display Methods	7.5				11.3			
2.2		<input checked="" type="checkbox"/>		4.2				Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3			<input checked="" type="checkbox"/>	5.0	RECORD KEEPING AND RECALLS			8.1				12.1				
2.4				5.1				Record Keeping	8.2				12.2			
2.5				5.2				Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6				6.0	PERSONNEL			9.1				13.1				
2.7				6.1				Demonstrating Knowledge	9.2				13.2			
3.0	FOOD PREPARATION AND HANDLING			6.2				Employee Health	10.0	FLOORS, WALLS AND CEILINGS			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
				10.2 Violations 2.3, 2.2 and 7.3 have been corrected	
2.3	<input checked="" type="checkbox"/>			Bar sandwiches cooler not in use	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>June 20/2019</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____	Received by: _____	Inspector Signature: _____
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