

# FOOD PREMISES INSPECTION FORM

Name of Premises: Serenacare Inc.  
 Operator: \_\_\_\_\_  
 Address: 15 Lady Russell Street Moncton, NB

Licence #: 01-00401  
 Type:  Class 3  Class 4  Class 5  
 Category:  Routine  Re-inspection  New Licence  Other  
 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		✓					
1.3		✓		3.6		✓		Handling Methods	7.3		✓		11.0	WATER SUPPLY AND WASTE DISPOSAL		
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		✓		11.1		✓		
2.1		✓		4.1	✓			Display Methods	7.5		✓		11.2		✓	
2.2		✓		4.2		✓		Advance Preparation	8.0	CLEANING AND SANITIZING			11.3		✓	
2.3		✓		5.0	RECORD KEEPING AND RECALLS			8.1		✓		12.0	LIGHTING AND VENTILATION			
2.4		✓		5.1	✓		MI	Record Keeping	8.2		✓		12.1		✓	
2.5		✓		5.2	✓			Recall of Food	9.0	SANITARY FACILITIES			12.2		✓	
2.6		✓		6.0	PERSONNEL			9.1		✓		13.0	GENERAL			
2.7		✓		6.1		✓		Demonstrating Knowledge	9.2		✓		13.1		✓	
3.0	FOOD PREPARATION AND HANDLING			6.2		✓		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.2		✓	
3.1		✓		6.3		✓		Personal Hygiene Practices	10.1		✓		13.3		✓	
3.2		✓		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
3.3	✓			Hot holding units should be recorded once every 4hrs. There was no temperature log. They began one at time of inspection.	Corrected
8.2		✓		Sanitizer solution should be mixed at 200ppm or in accordance with the manufacturer's instructions on the label (recommended strength & contact time). Was corrected at time of inspection.	Corrected

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	Date of Inspection: <u>Oct. 26/20</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____	Received by: _____	Inspector Signature: _____
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