

### FOOD PREMISES INSPECTION FORM

Name of Premises: Gahan House Port City  
 Operator: \_\_\_\_\_  
 Address: 87 Prince William Street, Saint John

Licence #: 02-03008  
 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 |  |
|--|------|-------------------------------------|---|--|------|-------------------------------------|---|--|------|-------------------------------------|---|---|------|-------------------------------------|---|--|
| <b>1.0 FOOD</b>                          |      |                                     |   | 3.3  |      | <input checked="" type="checkbox"/> |   | <b>7.0 FOOD EQUIPMENT AND UTENSILS</b> |      |                                     |   | 10.2  |      | <input checked="" type="checkbox"/> |   | Walls (Construction and Maintenance)     |
| 1.1                                      |      | <input checked="" type="checkbox"/> |   | 3.4  |      | <input checked="" type="checkbox"/> |   | 7.1                                    |      | <input checked="" type="checkbox"/> |   | 10.3  |      | <input checked="" type="checkbox"/> |   | Ceilings (Constructions and Maintenance) |
| 1.2                                      |      | <input checked="" type="checkbox"/> |   | 3.5  |      | <input checked="" type="checkbox"/> |   | 7.2                                    |      | <input checked="" type="checkbox"/> |   | <b>11.0 WATER SUPPLY AND WASTE DISPOSAL</b> |      |                                     |   |  |
| 1.3                                      |      | <input checked="" type="checkbox"/> |   | 3.6  |      | <input checked="" type="checkbox"/> |   | 7.3                                    |      | <input checked="" type="checkbox"/> |   | 11.1  |      | <input checked="" type="checkbox"/> |   | Water (Quality and Quantity)             |
| <b>2.0 FOOD STORAGE</b>                  |      |                                     |   | <b>4.0 FOOD DISPLAY AND SERVICE</b>  |      |                                     |   | 7.4                                    |      | <input checked="" type="checkbox"/> |   | 11.2  |      | <input checked="" type="checkbox"/> |   | Sewage Disposal                          |
| 2.1                                      |      | <input checked="" type="checkbox"/> |   | 4.1  |      | <input checked="" type="checkbox"/> |   | 7.5                                    |      | <input checked="" type="checkbox"/> |   | 11.3  |      | <input checked="" type="checkbox"/> |   | Solid Waste Handling                     |
| 2.2                                      |      | <input checked="" type="checkbox"/> |   | 4.2  |      | <input checked="" type="checkbox"/> |   | <b>8.0 CLEANING AND SANITIZING</b>     |      |                                     |   | <b>12.0 LIGHTING AND VENTILATION</b>        |      |                                     |   |  |
| 2.3                                      |      | <input checked="" type="checkbox"/> |   | 5.0  |      | <input checked="" type="checkbox"/> |   | 8.1                                    |      | <input checked="" type="checkbox"/> |   | 12.1  |      | <input checked="" type="checkbox"/> |   | Lighting                                 |
| 2.4                                      |      | <input checked="" type="checkbox"/> |   | 5.1  |      | <input checked="" type="checkbox"/> |   | 8.2                                    |      | <input checked="" type="checkbox"/> |   | 12.2  |      | <input checked="" type="checkbox"/> |   | Ventilation                              |
| 2.5                                      |      | <input checked="" type="checkbox"/> |   | 5.2  |      | <input checked="" type="checkbox"/> |   | <b>9.0 SANITARY FACILITIES</b>         |      |                                     |   | <b>13.0 GENERAL</b>                         |      |                                     |   |  |
| 2.6                                      |      | <input checked="" type="checkbox"/> |   | <b>6.0 PERSONNEL</b>   |      |                                     |   | 9.1                                    |      | <input checked="" type="checkbox"/> |   | 13.1  |      | <input checked="" type="checkbox"/> |   | Licence                                  |
| 2.7                                      |      | <input checked="" type="checkbox"/> |   | 6.1  |      | <input checked="" type="checkbox"/> |   | 9.2                                    |      | <input checked="" type="checkbox"/> |   | 13.2  |      | <input checked="" type="checkbox"/> |   | Rodent and Insect Control                |
| <b>3.0 FOOD PREPARATION AND HANDLING</b> |      |                                     |   | 6.2  |      | <input checked="" type="checkbox"/> |   | <b>10.0 FLOORS, WALLS AND CEILINGS</b> |      |                                     |   | 13.3  |      | <input checked="" type="checkbox"/> |   | Other Infractions/Hazards                |
| 3.1                                      |      | <input checked="" type="checkbox"/> |   | 6.3  |      | <input checked="" type="checkbox"/> |   | 10.1                                   |      | <input checked="" type="checkbox"/> |   |   |      |                                     |   |  |
| 3.2                                      |      | <input checked="" type="checkbox"/> |   | <i>N.O. – Not Observed; S – Satisfactory; U – Unsatisfactory; MI – Minor Infraction; MA – Major Infraction; CR – Critical Infraction</i> |      |                                     |   |  |      |                                     |   |   |      |                                     |   |  |

| Item No. | MI | MA | CR | Remarks | Date for Correction |
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Green  
 Light Yellow     Dark Yellow  
 Striped Red     Red

Re-inspection Required:  Yes  No  
 If Yes, Date: \_\_\_\_\_

Date of Inspection: Nov 13, 2019