

## FOOD PREMISES INSPECTION FORM

Name of Establishment: Cowen Residence  
 Operator: \_\_\_\_\_  
 Address: 76 John St. Moncton NB

Licence #: 01-00440 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                                   |  |
|------------|--------------------------------------|-------------------------------------|---|------------|-------------------------------------|-------------------------------------|---|----------------------------|-------------|-------------------------------------|-------------------------------------|----------|-------------|--|-------------------------------------|--|
| <b>1.0</b> | <b>FOOD</b>                          |                                     |   | 3.3        |                                     | <input checked="" type="checkbox"/> |   | Holding Methods            | <b>7.0</b>  | <b>FOOD EQUIPMENT AND UTENSILS</b>  |                                     |          | 10.2        |  | <input checked="" type="checkbox"/> |  |
| 1.1        |                                      | <input checked="" type="checkbox"/> |   | 3.4        | <input checked="" type="checkbox"/> |                                     |   | Cooling Methods            | 7.1         |                                     | <input checked="" type="checkbox"/> |          | 10.3        |  | <input checked="" type="checkbox"/> |  |
| 1.2        |                                      | <input checked="" type="checkbox"/> |   | 3.5        | <input checked="" type="checkbox"/> |                                     |   | Re-heating Methods         | 7.2         |                                     | <input checked="" type="checkbox"/> |          | <b>11.0</b> | <b>WATER SUPPLY AND WASTE DISPOSAL</b> |                                     |  |
| 1.3        |                                      | <input checked="" type="checkbox"/> |   | 3.6        | <input checked="" type="checkbox"/> |                                     |   | Handling Methods           | 7.3         |                                     | <input checked="" type="checkbox"/> |          | 11.1        |  | <input checked="" type="checkbox"/> |  |
| <b>2.0</b> | <b>FOOD STORAGE</b>                  |                                     |   | <b>4.0</b> | <b>FOOD DISPLAY AND SERVICE</b>     |                                     |   | 7.4                        |             | <input checked="" type="checkbox"/> |                                     | 11.2     |             | <input checked="" type="checkbox"/>    |                                     |  |
| 2.1        |                                      | <input checked="" type="checkbox"/> |   | 4.1        |                                     | <input checked="" type="checkbox"/> |   | Display Methods            | 7.5         |                                     | <input checked="" type="checkbox"/> |          | 11.3        |  | <input checked="" type="checkbox"/> |  |
| 2.2        |                                      | <input checked="" type="checkbox"/> |   | 4.2        |                                     | <input checked="" type="checkbox"/> |   | Advance Preparation        | <b>8.0</b>  | <b>CLEANING AND SANITIZING</b>      |                                     |          | <b>12.0</b> | <b>LIGHTING AND VENTILATION</b>        |                                     |  |
| 2.3        |                                      | <input checked="" type="checkbox"/> |   | <b>5.0</b> | <b>RECORD KEEPING AND RECALLS</b>   |                                     |   | 8.1                        |             | <input checked="" type="checkbox"/> |                                     | 12.1     |             | <input checked="" type="checkbox"/>    |                                     |  |
| 2.4        |                                      | <input checked="" type="checkbox"/> |   | 5.1        |                                     |                                     |   | Record Keeping             | 8.2         |                                     | <input checked="" type="checkbox"/> |          | 12.2        |  | <input checked="" type="checkbox"/> |  |
| 2.5        |                                      | <input checked="" type="checkbox"/> |   | 5.2        |                                     |                                     |   | Recall of Food             | <b>9.0</b>  | <b>SANITARY FACILITIES</b>          |                                     |          | <b>13.0</b> | <b>GENERAL</b>                         |                                     |  |
| 2.6        |                                      | <input checked="" type="checkbox"/> |   | <b>6.0</b> | <b>PERSONNEL</b>                    |                                     |   | 9.1                        |             | <input checked="" type="checkbox"/> |                                     | 13.1     |             | <input checked="" type="checkbox"/>    |                                     |  |
| 2.7        | <input checked="" type="checkbox"/>  |                                     |   | 6.1        |                                     | <input checked="" type="checkbox"/> |   | Demonstrating Knowledge    | 9.2         |                                     | <input checked="" type="checkbox"/> |          | 13.2        |  | <input checked="" type="checkbox"/> |  |
| <b>3.0</b> | <b>FOOD PREPARATION AND HANDLING</b> |                                     |   | 6.2        |                                     | <input checked="" type="checkbox"/> |   | Employee Health            | <b>10.0</b> | <b>FLOORS, WALLS AND CEILINGS</b>   |                                     |          | 13.3        |  | <input checked="" type="checkbox"/> |  |
| 3.1        | <input checked="" type="checkbox"/>  |                                     |   | 6.3        |                                     | <input checked="" type="checkbox"/> |   | Personal Hygiene Practices | 10.1        |                                     | <input checked="" type="checkbox"/> |          |             |  |                                     |  |
| 3.2        | <input checked="" type="checkbox"/>  |                                     |   |            |                                     |                                     |   | 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 |
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| <input checked="" type="checkbox"/> Green<br><input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow<br><input type="checkbox"/> Striped Red <input type="checkbox"/> Red | Date of Inspection: <u>Sept 11/21</u> | Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Received by: _____ | Inspector Signature: _____ |
|--|---------------------------------------|---|--------------------|----------------------------|