

FOOD PREMISES INSPECTION FORM

Name of Premises: Subway restaurant - Shediac

Licence #: 01-00720

Operator: _____

Type: Class 3 Class 3 WH Class 4 Class 5

Address: 333 main st. Shediac NB

Additional Info: PM TE Catering

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			<input checked="" type="checkbox"/>	Holding Methods	7.0				FOOD EQUIPMENT AND UTENSILS	10.2			<input checked="" type="checkbox"/>		Walls (Construction and Maintenance)
1.1		<input checked="" type="checkbox"/>		Approved Source	3.4			<input checked="" type="checkbox"/>	Cooling Methods	7.1			<input checked="" type="checkbox"/>	Food Equipment (Design, Construction, Installation and Maintenance)	10.3			<input checked="" type="checkbox"/>		Ceilings (Constructions and Maintenance)
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.5			<input checked="" type="checkbox"/>	Re-heating Methods	7.2			<input checked="" type="checkbox"/>	Food Contact Surfaces	11.0					WATER SUPPLY AND WASTE DISPOSAL
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	3.6			<input checked="" type="checkbox"/>	Handling Methods	7.3			<input checked="" type="checkbox"/>	Mechanical Dishwashing	11.1					Water (Quality and Quantity)
2.0				FOOD STORAGE	4.0				FOOD DISPLAY AND SERVICE	7.4			<input checked="" type="checkbox"/>	Manual Dishwashing	11.2					Sewage Disposal
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	4.1			<input checked="" type="checkbox"/>	Display Methods	7.5			<input checked="" type="checkbox"/>	Eating Utensils and Dishes	11.3					Solid Waste Handling
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2			<input checked="" type="checkbox"/>	Advance Preparation	8.0				CLEANING AND SANITIZING	12.0					LIGHTING AND VENTILATION
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	5.0				RECORD KEEPING AND RECALLS	8.1			<input checked="" type="checkbox"/>	Cleaning and Sanitizing	12.1					Lighting
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	5.1			<input checked="" type="checkbox"/>	Record Keeping	8.2			<input checked="" type="checkbox"/>	Detergents and Chemical Use and Storage	12.2					Ventilation
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	5.2			<input checked="" type="checkbox"/>	Recall of Food	9.0				SANITARY FACILITIES	13.0					GENERAL
2.6		<input checked="" type="checkbox"/>		Dry Storage	6.0				PERSONNEL	9.1			<input checked="" type="checkbox"/>	Washroom(s)	13.1					Licence
2.7		<input checked="" type="checkbox"/>		Storage of Food for Staff	6.1			<input checked="" type="checkbox"/>	Demonstrating Knowledge	9.2			<input checked="" type="checkbox"/>	Hand Washing Station(s)	13.2					Rodent and Insect Control
3.0				FOOD PREPARATION AND HANDLING	6.2			<input checked="" type="checkbox"/>	Employee Health	10.0				FLOORS, WALLS AND CEILINGS	13.3					Other Infractions/Hazards
3.1		<input checked="" type="checkbox"/>		Thawing Methods	6.3			<input checked="" type="checkbox"/>	Personal Hygiene Practices	10.1			<input checked="" type="checkbox"/>	Floors (Construction and Maintenance)						
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
ce-1		X		Proof of food safety certificates must be onsite to be reviewed by inspector	Discarded

Green Light Yellow Dark Yellow Striped Red Red

Date of Inspection: 24 Jan 2022

Re-inspection Required: Yes No

If Yes, Date: _____ Received by: _____