

FOOD PREMISES INSPECTION FORM

Name of Premises: Tobacco Plex Canteen
 Operator: _____
 Address: 159 Main St
Plaster Rock, NB

Licence #: 32-00329 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
1.0				3.3				7.0			
1.1				3.4				7.1			
1.2				3.5				7.2			
1.3				3.6				7.3			
2.0				4.0				7.4			
2.1				4.1				7.5			
2.2				4.2				8.0			
2.3				5.0				8.1			
2.4				5.1				8.2			
2.5				5.2				9.0			
2.6				6.0				9.1			
2.7				6.1				9.2			
3.0				6.2				10.0			
3.1				6.3				10.1			
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
9.2				Test strips required at all times for sanitizer	Next Routine

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: June 29 18

Re-inspection Required: Yes No
 If Yes, Date: _____

White - Office, Yellow - Operator, Blue - Copy for Posting