

FOOD PREMISES INSPECTION FORM

Name of Premises: CIRCLE K #2630

Operator: _____

Address: 701 Millidge Ave
Saint John, NB

Licence #: 02-01742 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
1.0 FOOD				3.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Holding Methods	7.0 FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cooling Methods	7.1		<input checked="" type="checkbox"/>	10.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Re-heating Methods	7.2		<input checked="" type="checkbox"/>	11.0 WATER SUPPLY AND WASTE DISPOSAL			
1.3	<input checked="" type="checkbox"/>			3.6		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Handling Methods	7.3	<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.0 FOOD STORAGE				4.0 FOOD DISPLAY AND SERVICE					7.4		<input checked="" type="checkbox"/>	11.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Storage of Potentially Hazardous Foods	7.5		<input checked="" type="checkbox"/>	11.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Frozen Storage	8.0 CLEANING AND SANITIZING			12.0 LIGHTING AND VENTILATION			
2.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.0 RECORD KEEPING AND RECALLS				Refrigerated Storage (Temperature)	8.1		<input checked="" type="checkbox"/>	12.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Refrigerated Storage (Methods)	8.2		<input checked="" type="checkbox"/>	12.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Refrigerated Storage (Space)	9.0 SANITARY FACILITIES			13.0 GENERAL			
2.6		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6.0 PERSONNEL				Dry Storage	9.1		<input checked="" type="checkbox"/>	13.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.7	<input checked="" type="checkbox"/>			6.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Storage of Food for Staff	9.2		<input checked="" type="checkbox"/>	13.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.0 FOOD PREPARATION AND HANDLING				6.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		10.0 FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Employee Health	10.1		<input checked="" type="checkbox"/>				
3.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					Personal Hygiene Practices							

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
7.1	<input checked="" type="checkbox"/>			There were sanitizer testing strips available for use. Testing strips shall be available to verify sanitizer concentration for QUATS - 200ppm or Chlorine Bleach - 100ppm	Immediate

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: 23 Sept 2019

Re-inspection Required: Yes No

If Yes, Date: _____

Inspector Signature: _____