

FOOD PREMISES INSPECTION FORM

Name of Premises: Charlotte County Hospital
 Operator: _____
 Address: 4 Garden St. St. Stephen, NB

Licence #: 02-00502
 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Other
 Water Supply: Private Municipal



FOOD		HOLDING METHODS		FOOD EQUIPMENT AND UTENSILS		WATER SUPPLY AND WASTE DISPOSAL	
1.1	Approved Source	3.4	Cooling Methods	7.1	Food Equipment (Design, Construction, Installation and Maintenance)	10.2	Water (Quality and Quantity)
1.2	Purchasing and Receiving	3.5	Re-heating Methods	7.2	Food Contact Surfaces	10.3	Sewage Disposal
1.3	Acceptable Containers and Labeling	3.6	Handling Methods	7.3	Mechanical Dishwashing	11.1	Solid Waste Handling
2.0	FOOD STORAGE	4.0	FOOD DISPLAY AND SERVICE	7.4	Manual Dishwashing	11.2	
2.1	Storage of Potentially Hazardous Foods	4.1	Display Methods	7.5	Eating Utensils and Dishes	11.3	
2.2	Frozen Storage	4.2	Advance Preparation	8.0	CLEANING AND SANITIZING	12.0	LIGHTING AND VENTILATION
2.3	Refrigerated Storage (Temperature)	4.3	RECORD KEEPING AND RECORDS	8.1	Cleaning and Sanitizing	12.1	Lighting
2.4	Refrigerated Storage (Methods)	4.4	Record Keeping	8.2	Detergents and Chemical Use and Storage	12.2	Ventilation
2.5	Refrigerated Storage (Space)	4.5	Recall of Food	9.0	SAFETY	13.0	GENERAL
2.6	Dry Storage	4.6	PERSONNEL	9.1	Washroom(s)	13.1	Licence
2.7	Storage of Food for Staff	4.7	Demonstrating Knowledge	9.2	Hand Washing Station(s)	13.2	Rodent and Insect Control
3.0	FOOD PREPARATION AND SERVICE	5.0	Employee Health	10.0	FLOORS	13.3	Other Infractions/Hazards
3.1	Thawing Methods	5.1	Personal Hygiene Practices	10.1	Floors (Construction and Maintenance)		
3.2	Cooking Methods	N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction					

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	Date of inspection: <u>Sept 28/20</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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White - Office; Yellow - Operator; Blue - Copy for Posting