

FOOD PREMISES INSPECTION FORM

Name of Premises: THAI PHO
 Operator: _____
 Address: 165 Union Street, Saint John

Licence #: 02-02631 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				Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2				Walls (Construction and Maintenance)				
1.1				3.4				Approved Source	3.4			7.1				10.3				Ceilings (Constructions and Maintenance)	
1.2				3.5				Purchasing and Receiving	3.5			7.2				11.0	WATER SUPPLY AND WASTE DISPOSAL				
1.3				3.6				Acceptable Containers and Labeling	3.6			7.3				11.1				Water (Quality and Quantity)	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE				7.4							11.2				Sewage Disposal	
2.1				4.1				Storage of Potentially Hazardous Foods	4.1			7.5				11.3				Solid Waste Handling	
2.2				4.2				Frozen Storage	4.2			8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION				
2.3				5.0	RECORD KEEPING AND RECALLS				Refrigerated Storage (Temperature)	5.0			8.1				12.1				Lighting
2.4				5.1				Refrigerated Storage (Methods)	5.1			8.2				12.2				Ventilation	
2.5				5.2				Refrigerated Storage (Space)	5.2			9.0	SANITARY FACILITIES			13.0	GENERAL				
2.6				6.0	PERSONNEL				Dry Storage	6.0			9.1				13.1				Licence
2.7				6.1				Storage of Food for Staff	6.1			9.2				13.2				Rodent and Insect Control	
3.0	FOOD PREPARATION AND HANDLING			6.2					6.2			10.0	FLOORS, WALLS AND CEILINGS			13.3				Other Infractions/Hazards	
3.1				6.3				Thawing Methods	6.3			10.1									
3.2								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
				Items 2.2, 7.1 and 7.2 have been corrected	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>Nov. 8 / 2018</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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