

FOOD PREMISES INSPECTION FORM

Name of Premises: Trishtown Grocery

Licence #: 01-02548

Operator: _____

Type: Class 3 Class 3 WH Class 4 Class 5

Address: 2548 Rte 115, Trishtown, 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"/>	
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>	10.3		<input checked="" type="checkbox"/>		
1.2		<input checked="" type="checkbox"/>		3.5		<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"/>		Handling Methods	7.3		<input checked="" type="checkbox"/>	11.1		<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"/>		
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	7.5		<input checked="" type="checkbox"/>	11.3		<input checked="" type="checkbox"/>		
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		Frozen Storage	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>		
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	8.2		<input checked="" type="checkbox"/>	12.2		<input checked="" type="checkbox"/>		
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>		
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		Dry Storage	9.2		<input checked="" type="checkbox"/>	13.2		<input checked="" type="checkbox"/>		
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		Storage of Food for Staff	10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		Thawing Methods	10.1		<input checked="" type="checkbox"/>					
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
9.1	<input checked="" type="checkbox"/>			Vent hood requires cleaning	immediately
9.1	<input checked="" type="checkbox"/>			Floor under fryer requires cleaning	
9.1	<input checked="" type="checkbox"/>			Public wash room requires a deep cleaning. Please clean multiple times per day.	

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: Feb 17, 22
 If Yes, Date: _____

White – Office; Yellow – Operator; Blue – Copy for Posting WH - With Handling; PM - Public Market; TE - Temporary Event