

FOOD PREMISES INSPECTION FORM

Name of Premises: Wok Box
 Operator: _____
 Address: Unit C2-15 Depot Court, Saint John

Licence #: 62-02387 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	<input checked="" type="checkbox"/>			3.3	<input checked="" type="checkbox"/>			7.0	<input checked="" type="checkbox"/>			10.2	<input checked="" type="checkbox"/>		
FOOD				Holding Methods				FOOD EQUIPMENT AND UTENSILS				Walls (Construction and Maintenance)			
1.1	<input checked="" type="checkbox"/>			3.4	<input checked="" type="checkbox"/>			7.1	<input checked="" type="checkbox"/>			10.3	<input checked="" type="checkbox"/>		
Approved Source				Cooling Methods				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Constructions and Maintenance)			
1.2	<input checked="" type="checkbox"/>			3.5	<input checked="" type="checkbox"/>			7.2				11.0	<input checked="" type="checkbox"/>		
Purchasing and Receiving				Re-heating Methods				Food Contact Surfaces				WATER SUPPLY AND WASTE DISPOSAL			
1.3	<input checked="" type="checkbox"/>			3.6	<input checked="" type="checkbox"/>			7.3		<input checked="" type="checkbox"/>		11.1	<input checked="" type="checkbox"/>		
Acceptable Containers and Labeling				Handling Methods				Mechanical Dishwashing				Water (Quality and Quantity)			
2.0	<input checked="" type="checkbox"/>			4.0	<input checked="" type="checkbox"/>			7.4	<input checked="" type="checkbox"/>			11.2	<input checked="" type="checkbox"/>		
FOOD STORAGE				FOOD DISPLAY AND SERVICE				Manual Dishwashing				Sewage Disposal			
2.1	<input checked="" type="checkbox"/>			4.1	<input checked="" type="checkbox"/>			7.5	<input checked="" type="checkbox"/>			11.3	<input checked="" type="checkbox"/>		
Storage of Potentially Hazardous Foods				Display Methods				Eating Utensils and Dishes				Solid Waste Handling			
2.2	<input checked="" type="checkbox"/>			4.2	<input checked="" type="checkbox"/>			8.0	<input checked="" type="checkbox"/>			12.0	<input checked="" type="checkbox"/>		
Frozen Storage				Advance Preparation				CLEANING AND SANITIZING				LIGHTING AND VENTILATION			
2.3	<input checked="" type="checkbox"/>			5.0	<input checked="" type="checkbox"/>			8.1	<input checked="" type="checkbox"/>			12.1	<input checked="" type="checkbox"/>		
Refrigerated Storage (Temperature)				RECORD KEEPING AND RECALLS				Cleaning and Sanitizing				Lighting			
2.4	<input checked="" type="checkbox"/>			5.1	<input checked="" type="checkbox"/>			8.2	<input checked="" type="checkbox"/>			12.2	<input checked="" type="checkbox"/>		
Refrigerated Storage (Methods)				Record Keeping				Detergents and Chemical Use and Storage				Ventilation			
2.5	<input checked="" type="checkbox"/>			5.2	<input checked="" type="checkbox"/>			9.0	<input checked="" type="checkbox"/>			13.0	<input checked="" type="checkbox"/>		
Refrigerated Storage (Space)				Recall of Food				SANITARY FACILITIES				GENERAL			
2.6	<input checked="" type="checkbox"/>			6.0	<input checked="" type="checkbox"/>			9.1	<input checked="" type="checkbox"/>			13.1	<input checked="" type="checkbox"/>		
Dry Storage				PERSONNEL				Washroom(s)				Licence			
2.7	<input checked="" type="checkbox"/>			6.1	<input checked="" type="checkbox"/>			9.2	<input checked="" type="checkbox"/>			13.2	<input checked="" type="checkbox"/>		
Storage of Food for Staff				Demonstrating Knowledge				Hand Washing Station(s)				Rodent and Insect Control			
3.0	<input checked="" type="checkbox"/>			6.2	<input checked="" type="checkbox"/>			10.0	<input checked="" type="checkbox"/>			13.3	<input checked="" type="checkbox"/>		
FOOD PREPARATION AND HANDLING				Employee Health				FLOORS, WALLS AND CEILINGS				Other Infractions/Hazards			
3.1	<input checked="" type="checkbox"/>			6.3	<input checked="" type="checkbox"/>			10.1	<input checked="" type="checkbox"/>						
Thawing Methods				Personal Hygiene Practices				Floors (Construction and Maintenance)							
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

<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 26/19</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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