

FOOD PREMISES INSPECTION FORM



Name of Premises: Tim Hortons
 Operator: _____
 Address: 147 McAllister Dr. Saint John

Licence #: 02-01062
 Type: Class 3 Class 4 Class 5
 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"/>	Walls (Construction and Maintenance)
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			Ceilings (Constructions and Maintenance)
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"/>	Water (Quality and Quantity)
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	Sewage Disposal	
2.1		<input checked="" type="checkbox"/>		4.1			<input checked="" type="checkbox"/>	Display Methods	7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	Solid Waste Handling
2.2		<input checked="" type="checkbox"/>		4.2			<input checked="" type="checkbox"/>	Advance Preparation	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"/>		Lighting
2.4		<input checked="" type="checkbox"/>		5.1			<input checked="" type="checkbox"/>	Record Keeping	8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	Ventilation
2.5		<input checked="" type="checkbox"/>		5.2			<input checked="" type="checkbox"/>	Recall of Food	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"/>		Licence
2.7	<input checked="" type="checkbox"/>			6.1			<input checked="" type="checkbox"/>	Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING			6.2			<input checked="" type="checkbox"/>	Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	Other Infractions/Hazards
3.1		<input checked="" type="checkbox"/>		6.3			<input checked="" type="checkbox"/>	Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>		<i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i>												

Item No.	MI	MA	CR	Remarks	Date for Correction
8.1	<input checked="" type="checkbox"/>			Clean food debris along walls + under and behind equipment.	Next inspection

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 If Yes, Date: _____

Date of Inspection: Jan 21/2020