

FOOD PREMISES INSPECTION FORM



Name of Premises: Sobeys Express # 41622
 Operator: Sobeys Capital inc
 Address: 2942 Fredericton Road
Salisbury

Licence #: 01-02708
 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"/>	Walls (Construction and Maintenance)
1.1		<input checked="" type="checkbox"/>		Approved Source	3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>		Food Equipment (Design, Construction, Installation and Maintenance)	10.3			<input checked="" type="checkbox"/>	Ceilings (Constructions and Maintenance)
1.2	<input checked="" type="checkbox"/>			Purchasing and Receiving	3.5		<input checked="" type="checkbox"/>		Re-heating Methods	7.2		<input checked="" type="checkbox"/>		Food Contact Surfaces	11.0				WATER SUPPLY AND WASTE DISPOSAL
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	3.6			<input checked="" type="checkbox"/>	Handling Methods	7.3			<input checked="" type="checkbox"/>	Mechanical Dishwashing	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"/>	Manual Dishwashing	11.2			<input checked="" type="checkbox"/>	Sewage Disposal
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	4.1			<input checked="" type="checkbox"/>	Display Methods	7.5			<input checked="" type="checkbox"/>	Eating Utensils and Dishes	11.3			<input checked="" type="checkbox"/>	Solid Waste Handling
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2			<input checked="" type="checkbox"/>	Advance Preparation	8.0				CLEANING AND SANITIZING	12.0				LIGHTING AND VENTILATION
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	5.0				RECORD KEEPING AND RECALLS	8.1			<input checked="" type="checkbox"/>	Cleaning and Sanitizing	12.1			<input checked="" type="checkbox"/>	Lighting
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	5.1		<input checked="" type="checkbox"/>		Record Keeping	8.2			<input checked="" type="checkbox"/>	Detergents and Chemical Use and Storage	12.2			<input checked="" type="checkbox"/>	Ventilation
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	5.2				Recall of Food	9.0				SANITARY FACILITIES	13.0				GENERAL
2.6		<input checked="" type="checkbox"/>		Dry Storage	6.0				PERSONNEL	9.1			<input checked="" type="checkbox"/>	Washroom(s)	13.1			<input checked="" type="checkbox"/>	Licence
2.7		<input checked="" type="checkbox"/>		Storage of Food for Staff	6.1			<input checked="" type="checkbox"/>	Demonstrating Knowledge	9.2			<input checked="" type="checkbox"/>	Hand Washing Station(s)	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"/>			Thawing Methods	6.3			<input checked="" type="checkbox"/>	Personal Hygiene Practices	10.1			<input checked="" type="checkbox"/>	Floors (Construction and Maintenance)					
3.2	<input checked="" type="checkbox"/>			Cooking Methods	<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

Green
 Light Yellow Dark Yellow
 Striped Red Red

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

Date of Inspection: April 22, 2021

White - Office; Yellow - Operator; Blue - Copy for Posting