

Food Premises Inspection Report

Name of Premise: Hotel Dieu of St. Joseph Hospital Address: 10 Woodland Hill Perth-Andover NB	Licence #: 32-00313 Type: Class/Classe 4 Category: Compliance Water Supply: Private Date of Inspection: April 7, 2021
---	--

Item no.	Description	CDI	R
1.0 FOOD			
1.1	S Approved Source	<input type="checkbox"/>	<input type="checkbox"/>
1.2	S Purchasing and Receiving	<input type="checkbox"/>	<input type="checkbox"/>
1.3	S Acceptable Containers and Labeling	<input type="checkbox"/>	<input type="checkbox"/>
2.0 FOOD STORAGE			
2.1.	S Storage of Potentially Hazardous Foods	<input type="checkbox"/>	<input type="checkbox"/>
2.2.	S Frozen Storage	<input type="checkbox"/>	<input type="checkbox"/>
2.3.	S Refrigerated Storage (Temperature)	<input type="checkbox"/>	<input type="checkbox"/>
2.4.	S Refrigerated Storage (Methods)	<input type="checkbox"/>	<input type="checkbox"/>
2.5.	S Refrigerated Storage (Space)	<input type="checkbox"/>	<input type="checkbox"/>
2.6.	S Dry Storage	<input type="checkbox"/>	<input type="checkbox"/>
2.7.	S Storage of Food for Staff	<input type="checkbox"/>	<input type="checkbox"/>
3.0 FOOD PREPARATION AND HANDLING			
3.1.	S Thawing Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.2.	S Cooking Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.3.	S Holding Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.4.	S Cooling Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.5.	S Re-heating Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.6.	S Handling Methods	<input type="checkbox"/>	<input type="checkbox"/>
4.0 FOOD DISPLAY AND SERVICE			
4.1.	S Display Methods	<input type="checkbox"/>	<input type="checkbox"/>
4.2.	S Advance Preparation	<input type="checkbox"/>	<input type="checkbox"/>
5.0 RECORD KEEPING AND RECALLS			
5.1.	N.O. Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>
5.2.	N.O. Recall of Food	<input type="checkbox"/>	<input type="checkbox"/>
6.0 PERSONNEL			
6.1.	S Demonstrating Knowledge	<input type="checkbox"/>	<input type="checkbox"/>
6.2.	S Employee Health	<input type="checkbox"/>	<input type="checkbox"/>
6.3.	S Personal Hygiene Practices	<input type="checkbox"/>	<input type="checkbox"/>
7.0 FOOD EQUIPMENT AND UTENSILS			
7.1.	S Food Equipment (Design, Construction, Installation and Maintenance)	<input type="checkbox"/>	<input type="checkbox"/>
7.2.	S Food Contact Surfaces	<input type="checkbox"/>	<input type="checkbox"/>
7.3.	N.O. Mechanical Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.4.	S Manual Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.5.	S Eating Utensils and Dishes	<input type="checkbox"/>	<input type="checkbox"/>

Food Premises Inspection Report

Name of Premise:	Hotel Dieu of St. Joseph Hospital	Licence #:	32-00313
-------------------------	-----------------------------------	-------------------	----------

8.0 CLEANING AND SANITIZING

- | | | | | |
|------|---|---|-------------------------------------|--------------------------|
| 8.1. | S | Cleaning and Sanitizing | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.2. | U | Detergents and Chemical Use and Storage | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

9.0 SANITARY FACILITIES

- | | | | | |
|------|---|-------------------------|--------------------------|--------------------------|
| 9.1. | S | Washroom(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2. | S | Hand Washing Station(s) | <input type="checkbox"/> | <input type="checkbox"/> |

10.0 FLOORS, WALLS AND CEILINGS

- | | | | | |
|-------|---|--|--------------------------|--------------------------|
| 10.1. | S | Floors (Construction and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2. | S | Walls (Construction and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3. | S | Ceilings (Constructions and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |

11.0 WATER SUPPLY AND WASTE DISPOSAL

- | | | | | |
|-------|---|------------------------------|--------------------------|--------------------------|
| 11.1. | S | Water (Quality and Quantity) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.2. | S | Sewage Disposal | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.3. | S | Solid Waste Handling | <input type="checkbox"/> | <input type="checkbox"/> |

12.0 LIGHTING AND VENTILATION

- | | | | | |
|-------|---|-------------|--------------------------|--------------------------|
| 12.1. | S | Lighting | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.2. | S | Ventilation | <input type="checkbox"/> | <input type="checkbox"/> |

13.0 GENERAL

- | | | | | |
|-------|---|---------------------------|--------------------------|--------------------------|
| 13.1. | S | Licence | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.2. | S | Rodent and Insect Control | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.3. | S | Other Infractions/Hazards | <input type="checkbox"/> | <input type="checkbox"/> |

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory MI - Minor infraction; MA - Major infraction; CR - Critical infraction, CDI - Corrected During Inspection, R - Repeated infraction

OBSERVATIONS AND CORRECTIVE ACTIONS

Item	MI /MA/ CR	Remarks	Date for correction
8.2.	MA	A suitable food grade sanitizer shall be available and at the recommended concentration. Observations: The quat sanitizer in the spray bottle was greater than 200 ppm. Corrective Actions: A quat sanitizer solution was prepared at 200 ppm.	Corrected

CLOSING COMMENTS

Rating color **Green/Vert**