

## Food Premises Inspection Report

<b>Name of Premise:</b> Harvey's ICE CREAM SHACK  <b>Operator:</b> Tracey Messer  <b>Address:</b> 3407 Route 635 Harvey Station NB E6K 1J5	<b>Licence #:</b> 03-005824  <b>Type:</b> Class/Classe 4  <b>Category:</b> Pre-Operational  <b>Water Supply:</b> Private  <b>Date of Inspection:</b> May 13, 2021
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Item no.	Description	CDI	R
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### 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. | N.O. | Thawing Methods    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2. | N.O. | Cooking Methods    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3. | S    | Holding Methods    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4. | N.O. | Cooling Methods    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.5. | N.O. | Re-heating Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.6. | N.O. | 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. | N.O. | 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"/> |

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7.5. S Eating Utensils and Dishes

## 8.0 CLEANING AND SANITIZING

8.1. S Cleaning and Sanitizing

8.2. S Detergents and Chemical Use and Storage

## 9.0 SANITARY FACILITIES

9.1. S Washroom(s)

9.2. S Hand Washing Station(s)

## 10.0 FLOORS, WALLS AND CEILINGS

10.1. S Floors (Construction and Maintenance)

10.2. S Walls (Construction and Maintenance)

10.3. S Ceilings (Constructions and Maintenance)

## 11.0 WATER SUPPLY AND WASTE DISPOSAL

11.1. S Water (Quality and Quantity)

11.2. S Sewage Disposal

11.3. S Solid Waste Handling

## 12.0 LIGHTING AND VENTILATION

12.1. S Lighting

12.2. S Ventilation

## 13.0 GENERAL

13.1. N.O. Licence

13.2. S Rodent and Insect Control

13.3. S Other Infractions/Hazards

*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
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## CLOSING COMMENTS

Recommended for licensing.

**Rating color:** Green/Vert

*Tracey Messer*

*Mary-Lynn Johnson*

Received By: Tracey Messer

Inspector Signature: Mary-Lynn Johnson, Public Health Technician