

FOOD PREMISES INSPECTION FORM

Name of Premises: East S period Care Home Inc.
 Operator: _____
 Address: 544 Wellington Street, Miramichi, N.B.

Licence #: 07-00628 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				3.3			<input checked="" type="checkbox"/>	7.0				10.2			<input checked="" type="checkbox"/>
FOOD				3.4			<input checked="" type="checkbox"/>	FOOD EQUIPMENT AND UTENSILS				10.3			<input checked="" type="checkbox"/>
1.1		<input checked="" type="checkbox"/>		3.5			<input checked="" type="checkbox"/>	7.1			<input checked="" type="checkbox"/>	WATER SUPPLY AND WASTE DISPOSAL			
1.2		<input checked="" type="checkbox"/>		3.6			<input checked="" type="checkbox"/>	7.2			<input checked="" type="checkbox"/>	11.1			<input checked="" type="checkbox"/>
1.3		<input checked="" type="checkbox"/>		4.0			<input checked="" type="checkbox"/>	7.3			<input checked="" type="checkbox"/>	11.2			<input checked="" type="checkbox"/>
FOOD STORAGE				FOOD DISPLAY AND SERVICE				7.4			<input checked="" type="checkbox"/>	11.3			<input checked="" type="checkbox"/>
2.1		<input checked="" type="checkbox"/>		4.1			<input checked="" type="checkbox"/>	7.5			<input checked="" type="checkbox"/>	LIGHTING AND VENTILATION			
2.2		<input checked="" type="checkbox"/>		4.2			<input checked="" type="checkbox"/>	8.0			<input checked="" type="checkbox"/>	12.1			<input checked="" type="checkbox"/>
2.3		<input checked="" type="checkbox"/>		5.0			<input checked="" type="checkbox"/>	8.1			<input checked="" type="checkbox"/>	12.2			<input checked="" type="checkbox"/>
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2			<input checked="" type="checkbox"/>	GENERAL			
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0			<input checked="" type="checkbox"/>	13.0			<input checked="" type="checkbox"/>
2.6		<input checked="" type="checkbox"/>		6.0			<input checked="" type="checkbox"/>	9.1			<input checked="" type="checkbox"/>	13.1			<input checked="" type="checkbox"/>
2.7		<input checked="" type="checkbox"/>		6.1			<input checked="" type="checkbox"/>	9.2			<input checked="" type="checkbox"/>	13.2			<input checked="" type="checkbox"/>
FOOD PREPARATION AND HANDLING				PERSONNEL				SANITARY FACILITIES				FLOORS, WALLS AND CEILINGS			
3.0		<input checked="" type="checkbox"/>		6.2			<input checked="" type="checkbox"/>	10.0			<input checked="" type="checkbox"/>	Other Infractions/Hazards			
3.1		<input checked="" type="checkbox"/>		6.3			<input checked="" type="checkbox"/>	10.1			<input checked="" type="checkbox"/>				
3.2		<input checked="" type="checkbox"/>		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

Green Light Yellow Dark Yellow Striped Red Red

Re-inspection Required: Yes No

Date of Inspection: 26/07/19 If Yes, Date: _____

Signature: _____