

**FOOD PREMISES INSPECTION FORM**

Name of Premises: Dieppe Boularama

Licence #: 01-00703

Operator: \_\_\_\_\_

Type:  Class 3  Class 3 WH  Class 4  Class 5

Address: 476 Gauvin St. Dieppe

Additional Info:  PM  TE  Catering

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	
<b>1.0</b>	<b>FOOD</b>			3.3	<input checked="" type="checkbox"/>			Holding Methods	<b>7.0</b>	<b>FOOD EQUIPMENT AND UTENSILS</b>			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"/>	
1.2	<input checked="" type="checkbox"/>			3.5	<input checked="" type="checkbox"/>			Re-heating Methods	7.2		<input checked="" type="checkbox"/>		<b>11.0 WATER SUPPLY AND WASTE DISPOSAL</b>			
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"/>	
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>			7.4	<input checked="" type="checkbox"/>			11.2		<input checked="" type="checkbox"/>		
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"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		Advance Preparation	<b>8.0</b>	<b>CLEANING AND SANITIZING</b>			<b>12.0 LIGHTING AND VENTILATION</b>			
2.3		<input checked="" type="checkbox"/>		<b>5.0</b>	<b>RECORD KEEPING AND RECALLS</b>			8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>		
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"/>	
2.5		<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>			Recall of Food	<b>9.0</b>	<b>SANITARY FACILITIES</b>			<b>13.0 GENERAL</b>			
2.6		<input checked="" type="checkbox"/>		<b>6.0</b>	<b>PERSONNEL</b>			9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>		
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"/>	
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2		<input checked="" type="checkbox"/>		Employee Health	<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>			13.3		<input checked="" type="checkbox"/>	
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

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	Date of Inspection: <u>2 March / 22</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Received by: _____	Inspector Signature: _____
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White - Office; Yellow - Operator; Blue - Copy for Posting      WH - With Handling; PM - Public Market; TE - Temporary Event      01/2019