

FOOD PREMISES INSPECTION FORM

Name of Premises: Joan Mac Knicker

Licence #: 07-00781

Operator: _____

Type: Class 3 Class 3 WH Class 4 Class 5

Additional Info: PM TE Catering

Category: Routine Re-inspection New Licence Other

Address: 48 Ben Church Road
New Jersey, N.J.

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"/>		7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>	
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1				10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2				11.0		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3				11.1		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0				7.4				11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5				11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0				12.0		<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		5.0				8.1				12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2				12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0				13.0		<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		6.0				9.1				13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2				13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		10.0				13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1							
3.2		<input checked="" type="checkbox"/>													
Item No.	MI	MA	CR	Remarks	N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction										

Green Dark Yellow Re-inspection Required: Yes No
 Light Yellow Red If Yes, Date: _____
 Striped Red Date of Inspection: 26/01/2003

White - Office; Yellow - Operator; Blue - Copy for Posting WH - With Handling; PM - Public Market; TE - Temporary Ev

Date for Correction _____