

# FOOD PREMISES INSPECTION FORM



**Name of Premises:** Sussex Health Centre  
**Operator:** 75 Leonard Drive, Sussex, NB  
**Address:** \_\_\_\_\_

**Licence #:** 02-00435  
**Type:**  Class 3  Class 4  Class 5  
**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	
1.0	FOOD			3.3				7.0	FOOD EQUIPMENT AND UTENSILS			10.2				
1.1		<input checked="" type="checkbox"/>		3.4				7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>		
1.2		<input checked="" type="checkbox"/>		3.5				7.2		<input checked="" type="checkbox"/>		11.0		<input checked="" type="checkbox"/>		
1.3		<input checked="" type="checkbox"/>		3.6				7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>		
2.0	FOOD STORAGE			4.0				7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>		
2.1		<input checked="" type="checkbox"/>		4.1				7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>		
2.2		<input checked="" type="checkbox"/>		4.2				8.0		<input checked="" type="checkbox"/>		12.0		<input checked="" type="checkbox"/>		
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>		
2.4		<input checked="" type="checkbox"/>		5.1				8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>		
2.5		<input checked="" type="checkbox"/>		5.2				9.0		<input checked="" type="checkbox"/>		13.0		<input checked="" type="checkbox"/>		
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>		
2.7		<input checked="" type="checkbox"/>		6.1				9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>		
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0		<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>		
3.1		<input checked="" type="checkbox"/>		6.3				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  Dark Yellow  Re-inspection Required:  Yes  No  
 Light Yellow  Red  If Yes, Date: \_\_\_\_\_  
 Striped Red

**Date of Inspection:** April 15/2021