

# FOOD PREMISES INSPECTION FORM



**Name of Premises:** Mar's Taste Restaurant      **Licence #:** 02-027775  
**Operator:** \_\_\_\_\_      **Type:**  Class 3       Class 4       Class 5  
**Address:** 3707 Westfield Rd Saint John, NB      **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		<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		<input checked="" type="checkbox"/>		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	CLEANING AND SANITIZING			12.0		<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		5.0		<input checked="" type="checkbox"/>		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		<input checked="" type="checkbox"/>		9.1	SANITARY FACILITIES			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	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1						<input checked="" type="checkbox"/>	
3.2		<input checked="" type="checkbox"/>													

**Item No.** 2.4      **MI**      **MA**      **CR**      **Remarks**      **Item No.** 7.1      **MI**      **MA**      **CR**      **Remarks**      **Item No.** 2.4      **MI**      **MA**      **CR**      **Remarks**      **Item No.** 7.1      **MI**      **MA**      **CR**      **Remarks**

*Ensure all foods in coolers are covered.*  
*Shelving in the walk-in cooler requires cleaning.*

**Date for Correction**  
Jan 25/2021      Jan 25/2021

Green       Dark Yellow      **Re-inspection Required:**  Yes       No  
 Light Yellow       Red      **Date of Inspection:** Jan 25/21      **If Yes, Date:** \_\_\_\_\_  
 Striped Red

White - Office; Yellow - Operator; Blue - Copy for Posting