

FOOD PREMISES INSPECTION FORM

Name of Premises: Treats
 Operator: _____
 Address: Shoppes of City Hall, Saint John

Licence #: 02-02418 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	FOOD			3.3				Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1				3.4				Approved Source	7.1				10.3			
1.2				3.5				Purchasing and Receiving	7.2				11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3				3.6				Acceptable Containers and Labeling	7.3				11.1			
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4				11.2				
2.1				4.1				Storage of Potentially Hazardous Foods	7.5				11.3			
2.2		✓		4.2				Frozen Storage	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		✓		5.0	RECORD KEEPING AND RECALLS			8.1				12.1				
2.4		✓		5.1				Refrigerated Storage (Temperature)	8.2		✓		12.2			
2.5				5.2				Refrigerated Storage (Methods)	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6				6.0	PERSONNEL			9.1				13.1				
2.7				6.1				Refrigerated Storage (Space)	9.2				13.2		✓	
3.0	FOOD PREPARATION AND HANDLING			6.2				Dry Storage	10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1				6.3				Storage of Food for Staff	10.1			✓				
3.2								Thawing Methods								
								Cooking Methods								

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
10.1	✓			There are missing and damaged floor tiles. Floors shall be kept in good repair in order to facilitate effective cleaning and sanitation - on previous report	July 23, 2019
				Non-compliances 2.2, 2.3, 2.4, 8.2 & 13.2 were corrected	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>March 27 2019</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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