

FOOD PREMISES INSPECTION FORM



Name of Premises: Bicentennial Home
 Operator: _____
 Address: 23 PARK AVE SAINT JOHN NB

Licence #: 02-02 301
 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				10.2		✓	
1.1		✓		3.4	✓			7.1		✓		10.3			✓
1.2		✓		3.5	✓			7.2		✓		11.0			
1.3		✓		3.6	✓			7.3		✓		11.1		✓	
2.0	FOOD STORAGE			4.0	✓			7.4		✓		11.2		✓	
2.1		✓		4.1	✓			7.5		✓		11.3		✓	
2.2		✓		4.2	✓			8.0		✓		12.0		✓	
2.3		✓		5.0	✓			8.1		✓		12.1		✓	
2.4		✓		5.1	✓			8.2		✓		12.2		✓	
2.5		✓		5.2	✓			9.0		✓		13.0		✓	
2.6		✓		6.0	✓			9.1		✓		13.1		✓	
2.7		✓		6.1	✓			9.2		✓		13.2		✓	
3.0	FOOD PREPARATION AND HANDLING			6.2	✓			10.0		✓		13.3		✓	
3.1		✓		6.3	✓			10.1		✓					
3.2		✓													
Item No.	MI	MA	CR	Remarks	M.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction										
8.2		✓		Sanitizer concentration was observed to be >100ppm. Chlorine sanitizer must be 100ppm.											Corrected

Green Dark Yellow Re-inspection Required: Yes No
 Light Yellow Red If Yes, Date: _____
 Striped Red

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

Date of Inspection: Jan 27 2021

Food Premises Standard Operational Procedures

Version 6.0 January 2019 Replaces Version 5.1

Date for Correction