

# FOOD PREMISES INSPECTION FORM

Name of Premises: HOUSE OF CHAN  
 Address: 108 Millennium Drive  
Quispemonts NB

Licence #: 02-02617 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				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.4				7.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.5				7.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.6				7.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.1				7.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.2				8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.0	RECORD KEEPING AND RECALLS			8.1				12.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.1				8.2				12.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.2				9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.7		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6.1				9.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6.3				10.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
3.2		<input checked="" type="checkbox"/>	<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
2.3	<input checked="" type="checkbox"/>			Refrigeration temperatures were not being recorded consistently. Immediate	
3.3	<input checked="" type="checkbox"/>			Hot holding temperatures were not being recorded consistently. Immediate	

All refrigeration temperatures shall be recorded twice per day during normal operation.  
 Hot holding temperatures shall be recorded twice every 4 hours during normal operation and log sheets shall be available for inspector review.

Green  
 Light Yellow     Dark Yellow  
 Striped Red     Red

Re-inspection Required:  Yes  No  
 If Yes, Date:

Date of Inspection: 18 Feb 2020