

FOOD PREMISES INSPECTION FORM

Name of Premises: Haley's Restaurant
 Operator: _____
 Address: 97 Fraser St. Plaster Rock, NB

Licence #: 32-00344 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
		S	U				S	U				S	U	
1.0	FOOD				7.0	FOOD EQUIPMENT AND UTENSILS				10.2				Walls (Construction and Maintenance)
1.1		<input checked="" type="checkbox"/>			7.1		<input checked="" type="checkbox"/>			10.3		<input checked="" type="checkbox"/>		Ceilings (Construction and Maintenance)
1.2		<input checked="" type="checkbox"/>			7.2		<input checked="" type="checkbox"/>			11.0		<input checked="" type="checkbox"/>		WATER SUPPLY AND WASTE DISPOSAL
1.3		<input checked="" type="checkbox"/>			7.3		<input checked="" type="checkbox"/>			11.1		<input checked="" type="checkbox"/>		Water (Quality and Quantity)
2.0	FOOD STORAGE				7.4		<input checked="" type="checkbox"/>			11.2		<input checked="" type="checkbox"/>		Sewage Disposal
2.1		<input checked="" type="checkbox"/>			7.5		<input checked="" type="checkbox"/>			11.3		<input checked="" type="checkbox"/>		Solid Waste Handling
2.2		<input checked="" type="checkbox"/>			8.0	CLEANING AND SANITIZING				12.0		<input checked="" type="checkbox"/>		LIGHTING AND VENTILATION
2.3		<input checked="" type="checkbox"/>			8.1		<input checked="" type="checkbox"/>			12.1		<input checked="" type="checkbox"/>		Lighting
2.4		<input checked="" type="checkbox"/>			8.2		<input checked="" type="checkbox"/>			12.2		<input checked="" type="checkbox"/>		Ventilation
2.5		<input checked="" type="checkbox"/>			9.0	SANITARY FACILITIES				13.0		<input checked="" type="checkbox"/>		GENERAL
2.6		<input checked="" type="checkbox"/>			9.1		<input checked="" type="checkbox"/>			13.1		<input checked="" type="checkbox"/>		Licence
2.7		<input checked="" type="checkbox"/>			9.2		<input checked="" type="checkbox"/>			13.2		<input checked="" type="checkbox"/>		Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING				10.0	FLOORS, WALLS AND CEILINGS		<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>		Other Infractions/Hazards
3.1		<input checked="" type="checkbox"/>			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
2.1	<input checked="" type="checkbox"/>			Production date missing on numerous containers in refrigeration. Date products when they are made/transferred.	
2.2	<input checked="" type="checkbox"/>			Washer cutting bdy should be sanded to remove deep gouges / or replace.	
2.3	<input checked="" type="checkbox"/>			test strips expired - order new test strips	
2.4	<input checked="" type="checkbox"/>			paper towel being missing @ hand wash sink	
2.5	<input checked="" type="checkbox"/>			Facility needs a general cleaning of all non-food contact surfaces	
2.6	<input checked="" type="checkbox"/>			absence of hot holding temp log.	
3.5	<input checked="" type="checkbox"/>				

Green Dark Yellow Red
 Light Yellow Red
 Striped Red

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

Date of Inspection: 3 Nov 2020