

FOOD PREMISES INSPECTION FORM

Name of Premises: The Briarles on Ryan

Licence #: 01-00502

Operator: _____

Type: Class 3 Class 3 WH Class 4 Class 5

Address: 599 Ryan St, Morden, NB

Additional Info: PM TE Catering
 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				3.3				7.0				10.2							
FOOD								FOOD EQUIPMENT AND UTENSILS											
1.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
				Approved Source				Food Equipment (Design, Construction, Installation and Maintenance)											
1.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
				Purchasing and Receiving				Food Contact Surfaces				WATER SUPPLY AND WASTE DISPOSAL							
1.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.6		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
				Acceptable Containers and Labeling				7.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
2.0				FOOD STORAGE				4.0				RECORD KEEPING AND RECALS							
				2.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
				Storage of Potentially Hazardous Foods				Display Methods				8.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
2.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
				Frozen Storage				Advance Preparation				8.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
2.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
				Refrigerated Storage (Temperature)				5.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
2.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
				Refrigerated Storage (Methods)				6.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
2.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
				Refrigerated Storage (Space)				6.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FLOORS, WALLS AND CEILINGS							
2.6		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2.6		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
				Dry Storage				PERSONNEL								13.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.7		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2.7		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RECORD KEEPING AND RECALS								13.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				Storage of Food for Staff				PERSONNEL								13.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.0				3.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PERSONNEL								13.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				Food Preparation and Handling				PERSONNEL								GENERAL			
3.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PERSONNEL								13.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				Thawing Methods				PERSONNEL								13.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PERSONNEL								13.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				Cooking Methods				PERSONNEL								GENERAL			
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

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No

Date of Inspection: Nov 24 21 If Yes, Date: _____

or Signature: _____