

FOOD PREMISES INSPECTION FORM



Name of Premises: Second Cup Cafe
 Operator:
 Address: 41 Fushion Dr. St. John

Licence #: C52-03118
 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	✓				Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2		✓			Walls (Construction and Maintenance)	
1.1		✓		3.4	✓				Cooling Methods	7.1		✓		10.3		✓			Ceilings (Constructions and Maintenance)	
1.2		✓		3.5	✓				Re-heating Methods	7.2		✓		11.0	WATER SUPPLY AND WASTE DISPOSAL					
1.3			✓	3.6		✓			Handling Methods	7.3		✓		11.1		✓			Water (Quality and Quantity)	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE					7.4	✓			11.2		✓			Sewage Disposal	
2.1		✓		4.1		✓			Display Methods	7.5		✓		11.3		✓			Solid Waste Handling	
2.2		✓		4.2		✓			Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION					
2.3				5.0	RECORD KEEPING AND RECALLS					8.1			✓		12.1		✓			Lighting
2.4		✓		5.1	✓				Record Keeping	8.2		✓		12.2		✓				Ventilation
2.5		✓		5.2	✓				Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL					
2.6		✓		6.0	PERSONNEL					9.1		✓		13.1		✓				Licence
2.7	✓			6.1		✓			Demonstrating Knowledge	9.2		✓	✓	13.2		✓				Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING			6.2		✓			Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3	✓					Other Infractions/Hazards
3.1		✓		6.3		✓			Personal Hygiene Practices	10.1		✓								
3.2		✓		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
8.1	✓			Clean the floor around the perimeter and under equipment of the back room Clean the area under the sinks in the front area.	Next Inspection Next Inspection

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	Date of Inspection: <u>Feb 3, 2020</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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