

FOOD PREMISES INSPECTION FORM



Name of Premises: SUBWAY
 Operator: 053954 N.B. LTD
 Address: 706 MAIN STREET
MONCTON

Licence #: 01-00559
 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	FOOD EQUIPMENT AND UTENSILS			10.2		/	
1.1		/		3.4	/			7.1		/		10.3		/	
1.2	/			3.5	/			7.2		/		11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		/		3.6		/		7.3	/			11.1		/	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		/		11.2		/	
2.1		/		4.1		/		7.5		/		11.3		/	
2.2		/		4.2	/			8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		/		5.0	RECORD KEEPING AND RECALLS			8.1		/		12.1		/	
2.4		/		5.1	/			8.2		/		12.2		/	
2.5		/		5.2	/			9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		/		6.0	PERSONNEL			9.1		/		13.1		/	
2.7	/			6.1		/		9.2		/		13.2		/	
3.0	FOOD PREPARATION AND HANDLING			6.2		/		10.0	FLOORS, WALLS AND CEILINGS			13.3		/	
3.1	/			6.3		/		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
2.6	X			All boxes (gloves/serviettes) to be up off floor on shelves, or elevated at least 6 inches / 150 mm.	MAR. 20 / 2020
6.1		X		CARDS OR CERTIFICATES MUST BE AVAILABLE AS PROOF OF FOOD HANDLER CERTIFICATION.	MAR. 20 / 2020
8.1	X			Grey plastic bus pan and floors under equipment to have more thorough cleaning. Clean under front hand sink.	MAR. 20 / 2020
8.2		X		Chemicals must be stored completely separate from drink cups.	CORRECTED.
9.1		X		PAPER TOWEL MUST NOT BE STORED ON THE BACK OF TOILETS, BUT UP ON THE SHELVES.	CORRECTED.

<input type="checkbox"/> Green <input checked="" type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input checked="" type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	Date of Inspection: <u>MAR. 13, 2020</u>	Re-inspection Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: <u>MAR. 20/20</u>	Received by: _____	Inspector Signature: _____
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White - Office; Yellow - Operator; Blue - Copy for Posting