

Food Premises Inspection Report

Name of Premise: Game Time Sports Bar Operator: Korina Macumber-Hooper Address: 1 Milltown Blvd Saint Stephen NB E3L 1G2	Licence #: 02-010979 Type: Category: Pre-Operational Water Supply: Municipal Date of Inspection: November 17, 2021
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Item no.	Description	CDI	R
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1.0 FOOD

1.1	S	Approved Source	<input type="checkbox"/>	<input type="checkbox"/>
1.2	S	Purchasing and Receiving	<input type="checkbox"/>	<input type="checkbox"/>
1.3	S	Acceptable Containers and Labeling	<input type="checkbox"/>	<input type="checkbox"/>

2.0 FOOD STORAGE

2.1	S	Storage of Potentially Hazardous Foods	<input type="checkbox"/>	<input type="checkbox"/>
2.2	S	Frozen Storage	<input type="checkbox"/>	<input type="checkbox"/>
2.3	S	Refrigerated Storage (Temperature)	<input type="checkbox"/>	<input type="checkbox"/>
2.4	S	Refrigerated Storage (Methods)	<input type="checkbox"/>	<input type="checkbox"/>
2.5	S	Refrigerated Storage (Space)	<input type="checkbox"/>	<input type="checkbox"/>
2.6	S	Dry Storage	<input type="checkbox"/>	<input type="checkbox"/>
2.7	N.O.	Storage of Food for Staff	<input type="checkbox"/>	<input type="checkbox"/>

3.0 FOOD PREPARATION AND HANDLING

3.1	S	Thawing Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.2	S	Cooking Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.3	S	Holding Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.4	N.O.	Cooling Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.5	N.O.	Re-heating Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.6	S	Handling Methods	<input type="checkbox"/>	<input type="checkbox"/>

4.0 FOOD DISPLAY AND SERVICE

4.1	N.O.	Display Methods	<input type="checkbox"/>	<input type="checkbox"/>
4.2	N.O.	Advance Preparation	<input type="checkbox"/>	<input type="checkbox"/>

5.0 RECORD KEEPING AND RECALLS

5.1	N.O.	Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>
5.2	N.O.	Recall of Food	<input type="checkbox"/>	<input type="checkbox"/>

6.0 PERSONNEL

6.1	S	Demonstrating Knowledge	<input type="checkbox"/>	<input type="checkbox"/>
6.2	S	Employee Health	<input type="checkbox"/>	<input type="checkbox"/>
6.3	S	Personal Hygiene Practices	<input type="checkbox"/>	<input type="checkbox"/>

7.0 FOOD EQUIPMENT AND UTENSILS

7.1	S	Food Equipment (Design, Construction, Installation and Maintenance)	<input type="checkbox"/>	<input type="checkbox"/>
7.2	S	Food Contact Surfaces	<input type="checkbox"/>	<input type="checkbox"/>
7.3	S	Mechanical Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.4	S	Manual Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>

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7.5 S Eating Utensils and Dishes

8.0 CLEANING AND SANITIZING

8.1 S Cleaning and Sanitizing

8.2 S Detergents and Chemical Use and Storage

9.0 SANITARY FACILITIES

9.1 S Washroom(s)

9.2 S Hand Washing Station(s)

10.0 FLOORS, WALLS AND CEILINGS

10.1 U Floors (Construction and Maintenance)

10.2 S Walls (Construction and Maintenance)

10.3 S Ceilings (Constructions and Maintenance)

11.0 WATER SUPPLY AND WASTE DISPOSAL

11.1 S Water (Quality and Quantity)

11.2 S Sewage Disposal

11.3 S Solid Waste Handling

12.0 LIGHTING AND VENTILATION

12.1 S Lighting

12.2 S Ventilation

13.0 GENERAL

13.1 S Licence

13.2 S Rodent and Insect Control

13.3 U Other Infractions/Hazards

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory MI - Minor infraction; MA - Major infraction; CR - Critical infraction, CDI - Corrected During Inspection, R - Repeated infraction

OBSERVATIONS AND CORRECTIVE ACTIONS

Item	MI /MA/ CR	Remarks	Date for Correction
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10.1	MI	Floors shall be of sound construction and in good repair	December 8, 2021
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13.3	MI	Other conditions which needs consideration (ex: clutter, unused equipment, etc.)	Immediately
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Observations: Sink in woman's washroom is cracked and will not be able to be cleaned and disinfected appropriately

CLOSING COMMENTS

Rating color: Green



Received By: Heather Gregory



Inspector Signature: Lisa Peters, Public Health Inspector