

### FOOD PREMISES INSPECTION FORM



Name of Premises: Residence du Marais

Licence #: 01-00265

Operator: \_\_\_\_\_

Type:  Class 3  Class 4  Class 5

Address: 371 rue Amirault

Category:  Routine  Re-inspection  New Licence  Other

Wegge, NB

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	<b>FOOD</b>			3.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Holding Methods	7.0	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2		<input checked="" type="checkbox"/>	Walls (Construction and Maintenance)
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Approved Source	7.1		<input checked="" type="checkbox"/>	10.3		<input checked="" type="checkbox"/>	Ceilings (Constructions and Maintenance)	
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Purchasing and Receiving	7.2		<input checked="" type="checkbox"/>	7.3		<input checked="" type="checkbox"/>	Food Contact Surfaces	
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Acceptable Containers and Labeling	7.4		<input checked="" type="checkbox"/>	7.5		<input checked="" type="checkbox"/>	Mechanical Dishwashing	
2.0	<b>FOOD STORAGE</b>			4.0	<b>FOOD DISPLAY AND SERVICE</b>			7.4		<input checked="" type="checkbox"/>		11.0	<b>WATER SUPPLY AND WASTE DISPOSAL</b>			
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Storage of Potentially Hazardous Foods	8.0	<b>CLEANING AND SANITIZING</b>			11.1		<input checked="" type="checkbox"/>	Water (Quality and Quantity)
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Frozen Storage	8.1		<input checked="" type="checkbox"/>	11.2		<input checked="" type="checkbox"/>	Manual Dishwashing	
2.3		<input checked="" type="checkbox"/>		5.0	<b>RECORD KEEPING AND RÉCALLS</b>			5.0	<b>RECORD KEEPING AND RÉCALLS</b>			11.3		<input checked="" type="checkbox"/>	Sewage Disposal	
2.4		<input checked="" type="checkbox"/>		6.0	<b>PERSONNEL</b>			6.0	<b>PERSONNEL</b>			12.0	<b>LIGHTING AND VENTILATION</b>			
2.5		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Refrigerated Storage (Temperature)	9.0	<b>SANITARY FACILITIES</b>			12.1		<input checked="" type="checkbox"/>	Lighting
2.6		<input checked="" type="checkbox"/>		6.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Refrigerated Storage (Methods)	9.1		<input checked="" type="checkbox"/>	12.2		<input checked="" type="checkbox"/>	Ventilation	
2.7		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Refrigerated Storage (Space)	9.2		<input checked="" type="checkbox"/>	13.0	<b>GENERAL</b>			
3.0	<b>FOOD PREPARATION AND HANDLING</b>			6.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dry Storage	10.0	<b>FLOORS, WALLS AND CEILINGS</b>			13.1		<input checked="" type="checkbox"/>	Licence
3.1		<input checked="" type="checkbox"/>		6.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Storage of Food for Staff	10.1		<input checked="" type="checkbox"/>	13.2		<input checked="" type="checkbox"/>	Rodent and Insect Control	
3.2		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thawing Methods				13.3		<input checked="" type="checkbox"/>	Other Infractions/Hazards	
<b>3.2 Cooking Methods</b>																

*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

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>17 Février 2022</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____	Received by: _____	Inspector Signature: _____
--	--	--	--------------------	----------------------------