

FOOD PREMISES INSPECTION FORM

Name of Premises: Cheryl's Home Away From Home Daycare License #: 02-02874 Type: Class 3 Class 4 Class 5
 Operator: Edith Avenue, Saint John Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 Address: 790 Edith Avenue, Saint John 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		<input checked="" type="checkbox"/>		7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>	
1.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1	<input checked="" type="checkbox"/>			10.3		<input checked="" type="checkbox"/>	
1.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2	<input checked="" type="checkbox"/>			11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3	<input checked="" type="checkbox"/>			11.1	<input checked="" type="checkbox"/>		
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4	<input checked="" type="checkbox"/>			11.2	<input checked="" type="checkbox"/>		
2.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5	<input checked="" type="checkbox"/>			11.3	<input checked="" type="checkbox"/>		
2.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			8.1	<input checked="" type="checkbox"/>			12.1	<input checked="" type="checkbox"/>		
2.4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2	<input checked="" type="checkbox"/>			12.2	<input checked="" type="checkbox"/>		
2.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.1	<input checked="" type="checkbox"/>			13.1	<input checked="" type="checkbox"/>		
2.7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2	<input checked="" type="checkbox"/>			13.2	<input checked="" type="checkbox"/>		
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1	<input checked="" type="checkbox"/>						
3.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>													

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction

Food Premise currently not in operation

Item No.	MI	MA	CR	Remarks	Date for Correction

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: Dec 9, 2020

Re-inspection Required: Yes No
 If Yes, Date: _____

Signature: _____