

# FOOD PREMISES INSPECTION FORM

Name of Premises: Dixie Lee  
 Operator: 119 Gibson St. Fredericton, NB  
 Address:

License #: D3-00994 Type:  Class 3  Class 4  Class 5  
 Category:  Routine  Re-Inspection  New Licence  Complaint  CD Follow-up Inspection  
 Water Supply:  Private  Municipal



| 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 |                                     |   |
| 1.1      |                               |                                     |   | 3.4      |      |   |   | 7.1      |                             |                                     |   |
| 1.2      |                               |                                     |   | 3.5      |      |   |   | 7.2      |                             | <input checked="" type="checkbox"/> |   |
| 1.3      |                               |                                     |   | 3.6      |      |   |   | 7.3      |                             |                                     |   |
| 2.0      | FOOD STORAGE                  |                                     |   | 4.0      |      |   |   | 7.4      |                             |                                     |   |
| 2.1      |                               |                                     |   | 4.1      |      |   |   | 7.5      |                             |                                     |   |
| 2.2      |                               |                                     |   | 4.2      |      |   |   | 8.0      | CLEANING AND SANITIZING     |                                     |   |
| 2.3      |                               | <input checked="" type="checkbox"/> |   | 5.0      |      |   |   | 8.1      |                             |                                     |   |
| 2.4      |                               |                                     |   | 5.1      |      |   |   | 8.2      |                             | <input checked="" type="checkbox"/> |   |
| 2.5      |                               |                                     |   | 5.2      |      |   |   | 9.0      | SANITARY FACILITIES         |                                     |   |
| 2.6      |                               |                                     |   | 6.0      |      |   |   | 9.1      |                             |                                     |   |
| 2.7      |                               |                                     |   | 6.1      |      |   |   | 9.2      |                             |                                     |   |
| 3.0      | FOOD PREPARATION AND HANDLING |                                     |   | 6.2      |      |   |   | 10.0     | FLOORS, WALLS AND CEILINGS  |                                     |   |
| 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 |
|----------|----|----|----|--|---------------------|
|          |    |    |    | All previous infractions have been corrected |                     |
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Green  Light Yellow  Striped Red  
 Dark Yellow  Red  
 Date of Inspection: Dec 16/2020  
 Re-inspection Required:  Yes  No  
 If Yes, Date: \_\_\_\_\_  
 Received by: Paula Moran  
 Inspector Signature: \_\_\_\_\_  
 Date for Correction: \_\_\_\_\_