

FOOD PREMISES INSPECTION FORM

Name of Premises: BRUNSWICK SUBWAY LTD
 Operator: _____
 Address: 473 MILLIGAN AVE
SAINT JOHN, NB

Licence #: 02-01574 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	Item No.	N.O.	S	U	
1.0	FOOD			3.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cooling Methods	7.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
1.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Re-heating Methods	7.2	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	Handling Methods	7.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		4.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Display Methods	7.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		4.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Advance Preparation	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"/>	<input checked="" type="checkbox"/>	12.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Record Keeping	8.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Recall of Food	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"/>	<input checked="" type="checkbox"/>	13.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Demonstrating Knowledge	9.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Personal Hygiene Practices	10.1	<input checked="" type="checkbox"/>	<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												

Item No.	MI	MA	CR	Remarks	Date for Correction

Green
 Light Yellow Dark Yellow
 Striped Red Red

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

Date of Inspection: 21 Jan 2020