

FOOD PREMISES INSPECTION FORM

Name of Premises: Whitetail Fisheries 811777
 Operator: _____
 Address: 29 Luna Lane, Saint John, NB

Licence #: 02-02210 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"/>			7.0 FOOD EQUIPMENT AND UTENSILS				10.2		<input checked="" type="checkbox"/>		
1.1		<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"/>			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"/>		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"/>		4.1	<input checked="" type="checkbox"/>			7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>		
2.2		<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"/>		5.0	<input checked="" type="checkbox"/>			8.1			<input checked="" type="checkbox"/>	12.1		<input checked="" type="checkbox"/>		
2.4		<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"/>		5.2	<input checked="" type="checkbox"/>			9.0 SANITARY FACILITIES				13.0 GENERAL				
2.6		<input checked="" type="checkbox"/>		6.0	<input checked="" type="checkbox"/>			9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>		
2.7	<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				6.0 PERSONNEL				10.0	10.0 FLOORS, WALLS AND CEILINGS				13.3		<input checked="" type="checkbox"/>	
3.1	<input checked="" type="checkbox"/>			6.2		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>						
3.2		<input checked="" type="checkbox"/>		6.3		<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
2.1	<input checked="" type="checkbox"/>			The Freezer needs defrosting and the cover repainting.	July 13/2019
8.1		<input checked="" type="checkbox"/>		Bleach sanitizer very strong (more than 200 ppm), it shall be 100 ppm	corrected

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: June 13/2019
 If Yes, Date: _____

Inspector Signature: _____