

**FOOD PREMISES INSPECTION FORM**



Name of Premises: Kelly Burns Cafeteria

Licence #: 02-02912

Operator: 180 Brunswick Street, Brad's Harbour Corners B&B

Type:  Class 3  Class 4  Class 5  
 Category:  Routine  Re-inspection  New Licence  Other  
 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      | Food Equipment (Design, Construction, Installation and Maintenance) |   | <input checked="" type="checkbox"/> | 10.3     |                                 | <input checked="" type="checkbox"/> |                                     |
| 1.2      |                               | <input checked="" type="checkbox"/> |   | 3.5      |                            | <input checked="" type="checkbox"/> |   | 7.2      | Food Contact Surfaces                                               |   | <input checked="" type="checkbox"/> | 11.0     | WATER SUPPLY AND WASTE DISPOSAL |                                     | <input checked="" type="checkbox"/> |
| 1.3      |                               | <input checked="" type="checkbox"/> |   | 3.6      |                            | <input checked="" type="checkbox"/> |   | 7.3      | Mechanical Dishwashing                                              |   | <input checked="" type="checkbox"/> | 11.1     | Water (Quality and Quantity)    |                                     | <input checked="" type="checkbox"/> |
| 2.0      | FOOD STORAGE                  |                                     |   | 4.0      | FOOD DISPLAY AND SERVICE   |                                     |   | 7.4      | Manual Dishwashing                                                  |   | <input checked="" type="checkbox"/> | 11.2     | Sewage Disposal                 |                                     | <input checked="" type="checkbox"/> |
| 2.1      |                               | <input checked="" type="checkbox"/> |   | 4.1      |                            | <input checked="" type="checkbox"/> |   | 7.5      | Eating Utensils and Dishes                                          |   | <input checked="" type="checkbox"/> | 11.8     | Solid Waste Handling            |                                     | <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        |                                     | <input checked="" type="checkbox"/> |
| 2.3      |                               | <input checked="" type="checkbox"/> |   | 5.0      | RECORD KEEPING AND RECALLS |                                     |   | 8.1      | Cleaning and Sanitizing                                             |   | <input checked="" type="checkbox"/> | 12.1     | Lighting                        |                                     | <input checked="" type="checkbox"/> |
| 2.4      |                               | <input checked="" type="checkbox"/> |   | 5.1      |                            | <input checked="" type="checkbox"/> |   | 8.2      | Delegants and Chemical Use and Storage                              |   | <input checked="" type="checkbox"/> | 12.2     | Ventilation                     |                                     | <input checked="" type="checkbox"/> |
| 2.5      |                               | <input checked="" type="checkbox"/> |   | 5.2      |                            | <input checked="" type="checkbox"/> |   | 9.0      | SANITARY FACILITIES                                                 |   |                                     | 13.0     | GENERAL                         |                                     | <input checked="" type="checkbox"/> |
| 2.6      |                               | <input checked="" type="checkbox"/> |   | 6.0      | PERSONNEL                  |                                     |   | 9.1      | Washroom(s)                                                         |   | <input checked="" type="checkbox"/> | 13.1     | Licence                         |                                     | <input checked="" type="checkbox"/> |
| 2.7      |                               | <input checked="" type="checkbox"/> |   | 6.1      |                            | <input checked="" type="checkbox"/> |   | 9.2      | Hand Washing Station(s)                                             |   | <input checked="" type="checkbox"/> | 13.2     | Rodent and Insect Control       |                                     | <input checked="" type="checkbox"/> |
| 3.0      | FOOD PREPARATION AND HANDLING |                                     |   | 6.2      |                            | <input checked="" type="checkbox"/> |   | 10.0     | FLOORS, WALLS AND CEILINGS                                          |   | <input checked="" type="checkbox"/> | 13.3     | Other Infractions/Hazards       |                                     | <input checked="" type="checkbox"/> |
| 3.1      |                               | <input checked="" type="checkbox"/> |   | 6.3      |                            | <input checked="" type="checkbox"/> |   | 10.1     | Floors (Construction and Maintenance)                               |   | <input checked="" type="checkbox"/> |          |                                 |                                     |                                     |
| 3.2      |                               | <input checked="" type="checkbox"/> |   |          |                            |                                     |   |          |                                                                     |   |                                     |          |                                 |                                     |                                     |

M.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  Dark Yellow  Red  
 Light Yellow  Red  
 Striped Red

Re-inspection Required:  Yes  No  
 Date of Inspection: March 12, 2021 If Yes, Date:

White - Office; Yellow - Operator; Blue - Copy for Posting