

# FOOD PREMISES INSPECTION FORM

Name of Premises: Hill Top Grill & Beverage Co  
 Operator: \_\_\_\_\_  
 Address: 1034 Prospect Street, Fredericton

Licence #: 03-00209 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	
<b>1.0</b>	<b>FOOD</b>			<b>3.3</b>				Holding Methods	<b>7.0</b>	<b>FOOD EQUIPMENT AND UTENSILS</b>			<b>10.2</b>			
1.1				3.4				Cooling Methods	7.1		<input checked="" type="checkbox"/>		10.3			
1.2				3.5				Re-heating Methods	7.2		<input checked="" type="checkbox"/>		<b>11.0</b>	<b>WATER SUPPLY AND WASTE DISPOSAL</b>		
1.3				3.6				Handling Methods	7.3				11.1			
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>			7.4				11.2				
2.1				4.1				Display Methods	7.5				11.3			
2.2				4.2				Frozen Storage	<b>8.0</b>	<b>CLEANING AND SANITIZING</b>			<b>12.0</b>	<b>LIGHTING AND VENTILATION</b>		
2.3				5.0	<b>RECORD KEEPING AND RECALLS</b>			8.1		<input checked="" type="checkbox"/>			12.1			
2.4		<input checked="" type="checkbox"/>		5.1				Refrigerated Storage (Temperature)	8.2				12.2			
2.5				5.2				Refrigerated Storage (Methods)	<b>9.0</b>	<b>SANITARY FACILITIES</b>			<b>13.0</b>	<b>GENERAL</b>		
2.6				<b>6.0</b>	<b>PERSONNEL</b>			9.1				13.1				
2.7				6.1				Dry Storage	9.2				13.2			
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2				Storage of Food for Staff	<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>			13.3			
3.1				6.3				Demonstrating Knowledge	10.1		<input checked="" type="checkbox"/>					
3.2								Employee Health								
								Personal Hygiene Practices								

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
				Previous infractions have been corrected. Wall surface by dishwasher under renovations.	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>June 28, 2018</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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