

FOOD PREMISES INSPECTION FORM

Name of Premises: Pure Meats

Licence #: 01-03198

Operator: _____

Type: Class 3 Class 3 WH Class 4 Class 5

Address: 824 Mountain Rd. Moncton

Additional Info: PM TE Catering

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	<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	RECORD KEEPING AND RECALLS			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	PERSONNEL			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			6.2	<input checked="" type="checkbox"/>			10.0	FLOORS, WALLS AND CEILINGS			13.3	<input checked="" type="checkbox"/>		
3.1	<input checked="" type="checkbox"/>			6.3	<input checked="" type="checkbox"/>			10.1	<input checked="" type="checkbox"/>						
3.2	<input checked="" type="checkbox"/>			<i>N.O. – Not Observed; S – Satisfactory; U – Unsatisfactory; MI – Minor Infraction; MA – Major Infraction; CR – Critical Infraction</i>											

Item No.	MI	MA	CR	Remarks	Date for Correction

Green
 Light Yellow
 Dark Yellow
 Striped Red
 Red

Date of Inspection: Feb. 23, 2022
 Re-inspection Required: Yes No

If Yes, Date: _____
 Received by: _____
 Inspector Signature: _____

White – Office; Yellow – Operator; Blue – Copy for Posting
 WH - With Handling; PM - Public Market; TE - Temporary Event
 01/2019