

## FOOD PREMISES INSPECTION FORM

Name of Premises: Jungle Jims Eatery  
 Operator: Jungle Jims Eatery  
 Address: 1108 Smythe Street  
Fredricton NB E3B 3H5

Licence #: 03-01122 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	<b>FOOD</b>			3.3		<input checked="" type="checkbox"/>		Holding Methods	7.0	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2		<input checked="" type="checkbox"/>	
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>	X	10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		Re-heating Methods	7.2		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3		<input checked="" type="checkbox"/>		11.0	<b>WATER SUPPLY AND WASTE DISPOSAL</b>		
2.0	<b>FOOD STORAGE</b>			4.0	<b>FOOD DISPLAY AND SERVICE</b>			7.4		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>		
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0	<b>CLEANING AND SANITIZING</b>			11.3		<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		5.0	<b>RECORD KEEPING AND RECALLS</b>			8.1		<input checked="" type="checkbox"/>		12.0	<b>LIGHTING AND VENTILATION</b>			
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		Record Keeping	8.2		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		Recall of Food	9.0	<b>SANITARY FACILITIES</b>			12.2		<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		6.0	<b>PERSONNEL</b>			9.1				13.0	<b>GENERAL</b>			
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2				13.1		<input checked="" type="checkbox"/>	
3.0	<b>FOOD PREPARATION AND HANDLING</b>			6.2		<input checked="" type="checkbox"/>		Employee Health	10.0	<b>FLOORS, WALLS AND CEILINGS</b>			13.2		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1				13.3			
3.2		<input checked="" type="checkbox"/>						Cooking Methods								

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
	<input checked="" type="checkbox"/>			Area back of True Freezer requires cleaning	ASAP

Green  
 Light Yellow     Dark Yellow  
 Striped Red     Red

Re-inspection Required:     Yes     No

Date of Inspection: May 3/18    If Yes, Date:

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