

Food Premises Inspection Report

Name of Premise: Ryan's Custom Cutting Operator: Lexi Nelson Address: 266 Route 148 Killarney Road NB E3G 9E2	Licence #: 03-005758 Type: Class/Classe 5 Category: Pre-Operational Water Supply: Private Date of Inspection: March 21, 2022
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Item no.	Description	CDI	R
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1.0 FOOD

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|-----|---|------------------------------------|--------------------------|--------------------------|
| 1.1 | S | Approved Source | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | S | Purchasing and Receiving | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | S | Acceptable Containers and Labeling | <input type="checkbox"/> | <input type="checkbox"/> |

2.0 FOOD STORAGE

- | | | | | |
|-----|---|--|--------------------------|--------------------------|
| 2.1 | S | Storage of Potentially Hazardous Foods | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 | S | Frozen Storage | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 | S | Refrigerated Storage (Temperature) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 | S | Refrigerated Storage (Methods) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5 | S | Refrigerated Storage (Space) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.6 | S | Dry Storage | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7 | S | Storage of Food for Staff | <input type="checkbox"/> | <input type="checkbox"/> |

3.0 FOOD PREPARATION AND HANDLING

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|-----|------|--------------------|--------------------------|--------------------------|
| 3.1 | N.O. | Thawing Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 | N.O. | Cooking Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 | N.O. | Holding Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 | N.O. | Cooling Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.5 | N.O. | Re-heating Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.6 | N.O. | Handling Methods | <input type="checkbox"/> | <input type="checkbox"/> |

4.0 FOOD DISPLAY AND SERVICE

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|-----|---|---------------------|--------------------------|--------------------------|
| 4.1 | S | Display Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 | S | Advance Preparation | <input type="checkbox"/> | <input type="checkbox"/> |

5.0 RECORD KEEPING AND RECALLS

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|-----|---|----------------|--------------------------|--------------------------|
| 5.1 | S | Record Keeping | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 | S | Recall of Food | <input type="checkbox"/> | <input type="checkbox"/> |

6.0 PERSONNEL

- | | | | | |
|-----|---|----------------------------|--------------------------|--------------------------|
| 6.1 | S | Demonstrating Knowledge | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 | S | Employee Health | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 | S | Personal Hygiene Practices | <input type="checkbox"/> | <input type="checkbox"/> |

7.0 FOOD EQUIPMENT AND UTENSILS

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|-----|---|---|--------------------------|--------------------------|
| 7.1 | S | Food Equipment (Design, Construction, Installation and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2 | S | Food Contact Surfaces | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3 | S | Mechanical Dishwashing | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.4 | S | Manual Dishwashing | <input type="checkbox"/> | <input type="checkbox"/> |

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7.5 S Eating Utensils and Dishes

8.0 CLEANING AND SANITIZING

8.1 S Cleaning and Sanitizing

8.2 S Detergents and Chemical Use and Storage

9.0 SANITARY FACILITIES

9.1 S Washroom(s)

9.2 S Hand Washing Station(s)

10.0 FLOORS, WALLS AND CEILINGS

10.1 S Floors (Construction and Maintenance)

10.2 S Walls (Construction and Maintenance)

10.3 S Ceilings (Constructions and Maintenance)

11.0 WATER SUPPLY AND WASTE DISPOSAL

11.1 S Water (Quality and Quantity)

11.2 S Sewage Disposal

11.3 S Solid Waste Handling

12.0 LIGHTING AND VENTILATION

12.1 S Lighting

12.2 S Ventilation

13.0 GENERAL

13.1 S Licence

13.2 U Rodent and Insect Control

13.3 S Other Infractions/Hazards

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory MI - Minor infraction; MA - Major infraction; CR - Critical infraction, CDI - Corrected During Inspection, R - Repeated infraction

OBSERVATIONS AND CORRECTIVE ACTIONS

Item	MI /MA/ CR	Remarks	Date for Correction
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13.2 MI **Outstanding Infraction: Openings to the outside shall be screened**
 Comment: Operator has contacted pest control and they are planning on visit this week. Will verify the weather-strip has been repaired at the next routine inspection.

CLOSING COMMENTS

No infractions observed at the time of the inspection.

Rating color: **Green**



Received By: Lexi Nelson



Inspector Signature: Erin Lamey, Public Health Inspector