

FOOD PREMISES INSPECTION FORM



Licence #: 02-00243
 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Other
 Water Supply: Private Municipal

Name of Premises: St. Joseph's Hospital
 Operator: Bob Bayard
 Address: Drive, Saint John

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				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1		<input checked="" type="checkbox"/>		3.4				7.1	Food Equipment (Design, Construction, Installation and Maintenance)			10.3		<input checked="" type="checkbox"/>	Walls (Construction and Maintenance)
1.2		<input checked="" type="checkbox"/>		3.5				7.2	Food Contact Surfaces			11.0		<input checked="" type="checkbox"/>	Ceilings (Constructions and Maintenance)
1.3		<input checked="" type="checkbox"/>		3.6				7.3	Mechanical Dishwashing			11.1		<input checked="" type="checkbox"/>	Water (Quality and Quantity)
2.0	FOOD STORAGE			4.0				7.4	Manual Dishwashing			11.2		<input checked="" type="checkbox"/>	Sewage Disposal
2.1		<input checked="" type="checkbox"/>		4.1				7.5	Eating Utensils and Dishes			11.3		<input checked="" type="checkbox"/>	Solid Waste Handling
2.2		<input checked="" type="checkbox"/>		4.2				8.0	Cleaning and Sanitizing			12.0		<input checked="" type="checkbox"/>	LIGHTING AND VENTILATION
2.3		<input checked="" type="checkbox"/>		5.0				8.1	Detergents and Chemical Use and Storage			12.1		<input checked="" type="checkbox"/>	Lighting
2.4		<input checked="" type="checkbox"/>		5.1				8.2				12.2		<input checked="" type="checkbox"/>	Ventilation
2.5		<input checked="" type="checkbox"/>		5.2				9.0	SANITARY FACILITIES			13.0		<input checked="" type="checkbox"/>	GENERAL
2.6		<input checked="" type="checkbox"/>		6.0				9.1	Washroom(s)			13.1		<input checked="" type="checkbox"/>	Licence
2.7		<input checked="" type="checkbox"/>		6.1				9.2	Hand Washing Station(s)			13.2		<input checked="" type="checkbox"/>	Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	Other Infractions/Hazards
3.1		<input checked="" type="checkbox"/>		6.3				10.1	Floors (Construction and Maintenance)						
3.2		<input checked="" type="checkbox"/>													
Item No.	MI			Remarks											
23				The temperature thermometer in the 8th floor refrigerator was not providing an accurate temperature in reading and is required to be replaced.											Feb 11, 2021

Green Dark Yellow Red Striped Red
 Light Yellow Dark Yellow Red Striped Red
 Re-inspection Required: Yes No
 Date of Inspection: Jan 28, 2021 If Yes, Date: _____
 Write - Office: Yellow - Operator: Blue - Copy for Posting
 Food Premises Standard Operational Procedures
 Version 6.0 January 2019 Replaces Version 5.1