

FOOD PREMISES INSPECTION FORM



Name of Premises: Thai Express
 Operator: gag King Street, Brunswick Sq.
 Address: Saint John

Licence #: 02-0000
 Type: Class 3 Class 4 Class 5
 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				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		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		<input checked="" type="checkbox"/>		7.2	Food Contact Surfaces			11.0		<input checked="" type="checkbox"/>	Ceilings (Construction and Maintenance)
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3	Mechanical Dishwashing			11.1		<input checked="" type="checkbox"/>	WATER SUPPLY AND WASTE DISPOSAL
2.0	FOOD STORAGE			4.0				7.4	Manual Dishwashing			11.2		<input checked="" type="checkbox"/>	Water (Quality and Quantity)
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5	Eating Utensils and Dishes			11.3		<input checked="" type="checkbox"/>	Sewage Disposal
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING			12.0		<input checked="" type="checkbox"/>	Solid Waste Handling
2.3		<input checked="" type="checkbox"/>		5.0		<input checked="" type="checkbox"/>		8.1	Cleaning and Sanitizing			12.1		<input checked="" type="checkbox"/>	LIGHTING AND VENTILATION
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2	Detergents and Chemical Use and Storage			12.2		<input checked="" type="checkbox"/>	Lighting
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES			13.0		<input checked="" type="checkbox"/>	Ventilation
2.6		<input checked="" type="checkbox"/>		6.0		<input checked="" type="checkbox"/>		9.1	Washroom(s)			13.1		<input checked="" type="checkbox"/>	GENERAL
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2	Hand Washing Station(s)			13.2		<input checked="" type="checkbox"/>	Licence
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	Rodent and Insect Control
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1	Floors (Construction and Maintenance)					<input checked="" type="checkbox"/>	Other Infractions/Hazards
3.2		<input checked="" type="checkbox"/>													

Item No.	MI	MA	CR	Remarks	Date for Correction
2.2	<input checked="" type="checkbox"/>			Ensure containers in the freezer are covered to prevent glass contaminating the prep table refrigerator is leaking water onto the floor and is required to be repaired.	Today
2.2	<input checked="" type="checkbox"/>			paper towel at the front handwashing station was left on the counter. Paper towel must be in a dispenser	Oct 13, 2025
13.2	<input checked="" type="checkbox"/>			rodent droppings were observed on the floor in a few hard to reach areas. There shall not be any signs of insects and/or rodents.	Corrected

Green
 Light Yellow
 Striped Red

Dark Yellow
 Red

Date of Inspection: Sept 29, 2020

Re-inspection Required: Yes No
 If Yes, Date:

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