

# FOOD PREMISES INSPECTION FORM



**Name of Premises:** MARY BROWNS **Licence #:** 02-02985  
**Operator:** \_\_\_\_\_ **Type:**  Class 3  Class 4  Class 5  
**Address:** 944 FAIRVILLE BLVD UNIT 2 SAINT JOHN **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				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		<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>		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		<input checked="" type="checkbox"/>		12.0		<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		5.0		<input checked="" type="checkbox"/>		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		<input checked="" type="checkbox"/>		13.0		<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		6.0		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.2		<input checked="" type="checkbox"/>		10.0		<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>	
3.2		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					

**Item No.** **MI** **MA** **CR** **Remarks** **N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction** **Date for Correction**

8.1     The following areas were observed to be unsatisfactory and must be cleaned and sanitized :-  
 i) Magnetic knife holder  
 ii) Handwash sink adjacent to the paper  
 10.2     Canteen adjacent to the manual dishwashing area was observed to be broken and must be replaced to prevent effective cleaning and sanitizing  
 10.2     Broken tile adjacent to the manual dishwashing area observed - and must be replaced.  
 12.1     Sighting adjacent to steamtable fridge must be covered or replaced with shatterproof bulbs  
 March 9th 2021

Green  Dark Yellow  Red  
 Light Yellow  Red  
 Striped Red

**Date of Inspection:** Feb 23 2021 **Re-inspection Required:**  Yes  No  
**If Yes, Date:** \_\_\_\_\_

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

Food Premises Standard Operational Procedures **Version 6.0** January 2019 Replaces Version 5.1