

FOOD PREMISES INSPECTION FORM

Name of Premises: JHEKOA STEAK HOUSE
 Operator: _____
 Address: 576 MAIN STREET
MONCTON

Licence #: 01-02536 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	FOOD			3.3		/		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2		/		Walls (Construction and Maintenance)	
1.1		/		3.4	/			Cooling Methods	7.1		/		10.3		/		Ceilings (Constructions and Maintenance)	
1.2	/			3.5	/			Re-heating Methods	7.2		/		11.0 WATER SUPPLY AND WASTE DISPOSAL					
1.3		/		3.6		/		Handling Methods	7.3		/		11.1		/		Water (Quality and Quantity)	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4	/			11.2		/		11.2	Sewage Disposal	
2.1		/		4.1	/			Display Methods	7.5		/		11.3		/		Solid Waste Handling	
2.2		/		4.2	/			Advance Preparation	8.0 CLEANING AND SANITIZING			12.0 LIGHTING AND VENTILATION						
2.3		/		5.0	RECORD KEEPING AND RECALLS			8.1		/		12.1		/		12.1	Lighting	
2.4		/		5.1	/			Record Keeping	8.2		/		12.2		/		12.2	Ventilation
2.5		/		5.2	/			Recall of Food	9.0 SANITARY FACILITIES			13.0 GENERAL						
2.6		/		6.0	PERSONNEL			9.1		/		13.1		/		13.1	Licence	
2.7	/			6.1		/		Demonstrating Knowledge	9.2		/		13.2		/		13.2	Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING			6.2		/		Employee Health	10.0 FLOORS, WALLS AND CEILINGS			13.3		/		13.3	Other Infractions/Hazards	
3.1	/			6.3		/		Personal Hygiene Practices	10.1		/							
3.2		/		<i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i>														

Item No.	MI	MA	CR	Remarks	Date for Correction
9.2	X			2 HANDWASH STATIONS REQUIRE THE PAPER TOWEL DISPENSERS TO BE REFILLED.	NOW.

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<u>MAU23/2018</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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