

FOOD PREMISES INSPECTION FORM



Name of Premises: Sussex Middle School

Licence #: 02-50436

Operator: Sussex, NB

Type: Class 3 Class 4 Class 5

Address: Sussex, NB

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				7.1		<input checked="" type="checkbox"/>		10.3			
1.2		<input checked="" type="checkbox"/>		3.5				7.2		<input checked="" type="checkbox"/>		11.0			
1.3		<input checked="" type="checkbox"/>		3.6				7.3		<input checked="" type="checkbox"/>		11.1			
2.0	FOOD STORAGE			4.0				7.4		<input checked="" type="checkbox"/>		11.2			
2.1		<input checked="" type="checkbox"/>		4.1				7.5		<input checked="" type="checkbox"/>		11.3			
2.2		<input checked="" type="checkbox"/>		4.2				8.0	CLEANING AND SANITIZING	<input checked="" type="checkbox"/>		12.0			
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.1			
2.4		<input checked="" type="checkbox"/>		5.1				8.2		<input checked="" type="checkbox"/>		12.2			
2.5		<input checked="" type="checkbox"/>		5.2				9.0	SANITARY FACILITIES	<input checked="" type="checkbox"/>		13.0			
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.1			
2.7		<input checked="" type="checkbox"/>		6.1				9.2		<input checked="" type="checkbox"/>		13.2			
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILINGS	<input checked="" type="checkbox"/>		13.3			
3.1		<input checked="" type="checkbox"/>		6.3				10.1		<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>		N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction											

Item No.	MI	MA	CR	Remarks	Date for Correction
1.3	<input checked="" type="checkbox"/>			Pasts in dry storage area needs to be put in sealed containers onse opened.	Immediately
2.5	<input checked="" type="checkbox"/>			Front gaskets need to be cleaned.	
7.2	<input checked="" type="checkbox"/>			Front edge of counter top must be made smooth + easily cleaned.	
10.3	<input checked="" type="checkbox"/>			Peeling paint on ceiling needs to be repaired + repainted.	Next inspection

Green
 Light Yellow
 Dark Yellow
 Striped Red
 Red

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

Date of Inspection: Nov. 25/21

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