

# FOOD PREMISES INSPECTION FORM

Name of Premises: LEADER'S RESTAURANTS  
 Operator: \_\_\_\_\_  
 Address: 210 MAIN ST. FREDERICTON

License #: 03-00588 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				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1				10.3			
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2				11.0			
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3							
2.0	FOOD STORAGE			4.0				7.4							
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5				11.1			
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0				11.2			
2.3		<input checked="" type="checkbox"/>		5.0		<input checked="" type="checkbox"/>		8.1				11.3			
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2				12.0			
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0				12.1			
2.6		<input checked="" type="checkbox"/>		6.0		<input checked="" type="checkbox"/>		9.1				12.2			
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2				13.0			
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		10.0				13.1			
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1				13.2			
3.2		<input checked="" type="checkbox"/>										13.3			

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction

Item No. MI MA CR

No deficiencies observed during inspection.

Date for Correction: \_\_\_\_\_

Green  
 Light Yellow  
 Striped Red

Dark Yellow  
 Red

Date of Inspection: SEP 22 2010

Re-inspection Required:  Yes  No

If Yes, Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_