

FOOD PREMISES INSPECTION FORM

Name of Premises: The Lunch Cart Food Trucks
 Operator: _____
 Address: 3101 King George Hwy,
Minaschi, N.B.

Licence #: 07-60891 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				3.3		<input checked="" type="checkbox"/>		7.0				10.2		<input checked="" type="checkbox"/>		
	FOOD								FOOD EQUIPMENT AND UTENSILS							
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>												<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL			
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>									11.2		<input checked="" type="checkbox"/>		
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>		
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION			
2.3		<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			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	SANITARY FACILITIES			13.0	GENERAL			
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>		
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>		
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS			13.3				
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					<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

<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>2/6/12</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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Inspected by: _____