

**FOOD PREMISES INSPECTION FORM**

Name of Premises: Licks N Bites  
 Operator: \_\_\_\_\_  
 Address: 28A York Street  
Sackville, NB

Licence #: 01-02528 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				7.0				10.2			
<b>FOOD</b>				Holding Methods				<b>FOOD EQUIPMENT AND UTENSILS</b>				Walls (Construction and Maintenance)			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
				Approved Source				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Constructions and Maintenance)			
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		<b>WATER SUPPLY AND WASTE DISPOSAL</b>			
				Purchasing and Receiving				Food Contact Surfaces				11.0			
1.3			<input checked="" type="checkbox"/>	3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
				Acceptable Containers and Labeling				Mechanical Dishwashing				Water (Quality and Quantity)			
<b>FOOD STORAGE</b>				<b>FOOD DISPLAY AND SERVICE</b>				Manual Dishwashing				11.2			
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.4		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
				Storage of Potentially Hazardous Foods				Eating Utensils and Dishes				Solid Waste Handling			
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		<b>CLEANING AND SANITIZING</b>				<b>12.0 LIGHTING AND VENTILATION</b>			
				Frozen Storage				8.1				12.1			
2.3		<input checked="" type="checkbox"/>		5.0		<input checked="" type="checkbox"/>		Cleaning and Sanitizing				Lighting			
				Refrigerated Storage (Temperature)				8.2				12.2			
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		Detergents and Chemical Use and Storage				Ventilation			
				Refrigerated Storage (Methods)				<b>9.0 SANITARY FACILITIES</b>				<b>13.0 GENERAL</b>			
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.1				13.1			
				Refrigerated Storage (Space)				Washroom(s)				Licence			
2.6		<input checked="" type="checkbox"/>		6.0		<input checked="" type="checkbox"/>		9.2				13.2			
				Dry Storage				Hand Washing Station(s)				Rodent and Insect Control			
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		<b>10.0 FLOORS, WALLS AND CEILINGS</b>				13.3			
				Storage of Food for Staff				Floors (Construction and Maintenance)				Other Infractions/Hazards			
<b>FOOD PREPARATION AND HANDLING</b>				<b>PERSONNEL</b>				10.1							
3.0		<input checked="" type="checkbox"/>		6.2		<input checked="" type="checkbox"/>									
				Demonstrating Knowledge											
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>									
				Employee Health											
3.2		<input checked="" type="checkbox"/>		Personal Hygiene Practices											
				Cooking Methods											

*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"/>			During inspection foods in refrigerator were not labeled with date of preparation. Foods must be labeled with date of preparation.	Next routine inspection.

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>March 9 / 21</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____	Signature: _____
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