

FOOD PREMISES INSPECTION FORM

Name of Premises: Little Tykes Learning Center

Licence #: 01-00009

Operator: _____

Type: Class 3 Class 3 WH Class 4 Class 5

Address: 120 Leine St. Moncton NB

Additional Info: PM TE Catering

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 | | | | 3.3 | <input checked="" type="checkbox"/> | | | 7.0 | | | | 10.2 | | <input checked="" type="checkbox"/> | |
| 1.1 | <input checked="" type="checkbox"/> | | | 3.4 | <input checked="" type="checkbox"/> | | | 7.1 | | <input checked="" type="checkbox"/> | | 10.3 | | <input checked="" type="checkbox"/> | |
| 1.2 | <input checked="" type="checkbox"/> | | | 3.5 | <input checked="" type="checkbox"/> | | | 7.2 | | <input checked="" type="checkbox"/> | | 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"/> | |
| 2.0 | | | | 4.0 | | | | 7.4 | <input checked="" type="checkbox"/> | | | 11.2 | | <input checked="" type="checkbox"/> | |
| 2.1 | <input checked="" type="checkbox"/> | | | 4.1 | <input checked="" type="checkbox"/> | | | 7.5 | | <input checked="" type="checkbox"/> | | 11.3 | | <input checked="" type="checkbox"/> | |
| 2.2 | <input checked="" type="checkbox"/> | | | 4.2 | <input checked="" type="checkbox"/> | | | 8.0 | | | | 12.0 | | | |
| 2.3 | | <input checked="" type="checkbox"/> | | 5.0 | | | | 8.1 | | <input checked="" type="checkbox"/> | | 12.1 | | <input checked="" type="checkbox"/> | |
| 2.4 | | <input checked="" type="checkbox"/> | | 5.1 | | | | 8.2 | | <input checked="" type="checkbox"/> | | 12.2 | | <input checked="" type="checkbox"/> | |
| 2.5 | | <input checked="" type="checkbox"/> | | 5.2 | | | | 9.0 | | | | 13.0 | | | |
| 2.6 | | <input checked="" type="checkbox"/> | | 6.0 | | | | 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 | | | | 6.2 | | <input checked="" type="checkbox"/> | | 10.0 | | | | 13.3 | | <input checked="" type="checkbox"/> | |
| 3.1 | <input checked="" type="checkbox"/> | | | 6.3 | | <input checked="" type="checkbox"/> | | 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 |
|----------|----|----|----|---------|---------------------|
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Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: Apr 06/21 If Yes, Date: _____

Received by: _____ Inspector Signature: _____

White - Office; Yellow - Operator; Blue - Copy for Posting WH - With Handling; PM - Public Market; TE - Temporary Event 01/2019