

## Food Premises Inspection Report

<b>Name of Premise:</b> DECRH - 2nd Floor -Food & Nutrition Services (Horizon Health)	<b>Licence #:</b> 03-00155 <b>Type:</b> Class/Classe 4 <b>Category:</b> Compliance <b>Water Supply:</b> Municipal <b>Date of Inspection:</b> March 29, 2021
<b>Address:</b> Dr. Everett Chalmers Hospital-700 Priestman Street Fredericton NB	

Item no.	Description	CDI	R
----------	-------------	-----	---

### 1.0 FOOD

- |     |   |                                    |                          |                          |
|-----|---|------------------------------------|--------------------------|--------------------------|
| 1.1 | S | Approved Source                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | S | Purchasing and Receiving           | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | S | Acceptable Containers and Labeling | <input type="checkbox"/> | <input type="checkbox"/> |

### 2.0 FOOD STORAGE

- |      |   |  |                          |                          |
|------|---|--|--------------------------|--------------------------|
| 2.1. | S | Storage of Potentially Hazardous Foods | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2. | S | Frozen Storage                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3. | S | Refrigerated Storage (Temperature)     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4. | S | Refrigerated Storage (Methods)         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5. | S | Refrigerated Storage (Space)           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.6. | S | Dry Storage                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7. | S | Storage of Food for Staff              | <input type="checkbox"/> | <input type="checkbox"/> |

### 3.0 FOOD PREPARATION AND HANDLING

- |      |   |                    |                          |                          |
|------|---|--------------------|--------------------------|--------------------------|
| 3.1. | S | Thawing Methods    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2. | S | Cooking Methods    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3. | S | Holding Methods    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4. | S | Cooling Methods    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.5. | S | Re-heating Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.6. | S | Handling Methods   | <input type="checkbox"/> | <input type="checkbox"/> |

### 4.0 FOOD DISPLAY AND SERVICE

- |      |  |                     |                          |                          |
|------|--|---------------------|--------------------------|--------------------------|
| 4.1. |  | Display Methods     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2. |  | Advance Preparation | <input type="checkbox"/> | <input type="checkbox"/> |

### 5.0 RECORD KEEPING AND RECALLS

- |      |   |                |                          |                          |
|------|---|----------------|--------------------------|--------------------------|
| 5.1. | S | Record Keeping | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2. | S | Recall of Food | <input type="checkbox"/> | <input type="checkbox"/> |

### 6.0 PERSONNEL

- |      |   |                            |                          |                          |
|------|---|----------------------------|--------------------------|--------------------------|
| 6.1. | S | Demonstrating Knowledge    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2. | S | Employee Health            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3. | S | Personal Hygiene Practices | <input type="checkbox"/> | <input type="checkbox"/> |

### 7.0 FOOD EQUIPMENT AND UTENSILS

- |      |   |   |                          |                          |
|------|---|---|--------------------------|--------------------------|
| 7.1. | S | Food Equipment (Design, Construction, Installation and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2. | S | Food Contact Surfaces   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3. | S | Mechanical Dishwashing  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.4. | S | Manual Dishwashing  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.5. | S | Eating Utensils and Dishes  | <input type="checkbox"/> | <input type="checkbox"/> |

## Food Premises Inspection Report

<b>Name of Premise:</b>	DECRH - 2nd Floor -Food & Nutrition Services (Horizon Health)	<b>Licence #:</b>	03-00155
-------------------------	---	-------------------	----------

### 8.0 CLEANING AND SANITIZING

- |      |   |   |                          |                          |
|------|---|---|--------------------------|--------------------------|
| 8.1. | S | Cleaning and Sanitizing                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.2. | S | Detergents and Chemical Use and Storage | <input type="checkbox"/> | <input type="checkbox"/> |

### 9.0 SANITARY FACILITIES

- |      |   |                         |                          |                          |
|------|---|-------------------------|--------------------------|--------------------------|
| 9.1. | S | Washroom(s)             | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2. | S | Hand Washing Station(s) | <input type="checkbox"/> | <input type="checkbox"/> |

### 10.0 FLOORS, WALLS AND CEILINGS

- |       |   |  |                          |                          |
|-------|---|--|--------------------------|--------------------------|
| 10.1. | S | Floors (Construction and Maintenance)    | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2. | S | Walls (Construction and Maintenance)     | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3. | S | Ceilings (Constructions and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |

### 11.0 WATER SUPPLY AND WASTE DISPOSAL

- |       |   |                              |                          |                          |
|-------|---|------------------------------|--------------------------|--------------------------|
| 11.1. | S | Water (Quality and Quantity) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.2. | S | Sewage Disposal              | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.3. | S | Solid Waste Handling         | <input type="checkbox"/> | <input type="checkbox"/> |

### 12.0 LIGHTING AND VENTILATION

- |       |   |             |                          |                          |
|-------|---|-------------|--------------------------|--------------------------|
| 12.1. | S | Lighting    | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.2. | S | Ventilation | <input type="checkbox"/> | <input type="checkbox"/> |

### 13.0 GENERAL

- |       |   |                           |                          |                          |
|-------|---|---------------------------|--------------------------|--------------------------|
| 13.1. | S | Licence                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.2. | S | Rodent and Insect Control | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.3. | S | Other Infractions/Hazards | <input type="checkbox"/> | <input type="checkbox"/> |

*N.O. - Not Observed; S - Satisfactory ; U - Unsatisfactory MI - Minor infraction; MA - Major infraction; CR - Critical infraction, CDI - Corrected During Inspection, R - Repeated infraction*

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item	MI /MA/ CR	Remarks	Date for correction
------	------------	---------	---------------------

### CLOSING COMMENTS

Food service inspection was satisfactory. Covid controls were deficient: barriers required in cafeteria. Corrections required by April 12th.

**Rating color**

**Green/Vert**