

Food Premises Inspection Report

Name of Premise: Your Independent Grocer #1685 - Doaktown Address: 419 Main Street Doaktown NB E9C 1E1	Licence #: 03-01826 Type: Class/Classe 4 Category: Compliance Water Supply: Municipal Date of Inspection: June 30, 2021
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Item no.	Description	CDI	R
1.0 FOOD			
1.1	N.O. Approved Source	<input type="checkbox"/>	<input type="checkbox"/>
1.2	N.O. Purchasing and Receiving	<input type="checkbox"/>	<input type="checkbox"/>
1.3	N.O. Acceptable Containers and Labeling	<input type="checkbox"/>	<input type="checkbox"/>
2.0 FOOD STORAGE			
2.1	N.O. Storage of Potentially Hazardous Foods	<input type="checkbox"/>	<input type="checkbox"/>
2.2	S Frozen Storage	<input type="checkbox"/>	<input type="checkbox"/>
2.3	N.O. Refrigerated Storage (Temperature)	<input type="checkbox"/>	<input type="checkbox"/>
2.4	N.O. Refrigerated Storage (Methods)	<input type="checkbox"/>	<input type="checkbox"/>
2.5	N.O. Refrigerated Storage (Space)	<input type="checkbox"/>	<input type="checkbox"/>
2.6	N.O. Dry Storage	<input type="checkbox"/>	<input type="checkbox"/>
2.7	N.O. Storage of Food for Staff	<input type="checkbox"/>	<input type="checkbox"/>
3.0 FOOD PREPARATION AND HANDLING			
3.1	N.O. Thawing Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.2	N.O. Cooking Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.3	N.O. Holding Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.4	N.O. Cooling Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.5	N.O. Re-heating Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.6	N.O. Handling Methods	<input type="checkbox"/>	<input type="checkbox"/>
4.0 FOOD DISPLAY AND SERVICE			
4.1	N.O. Display Methods	<input type="checkbox"/>	<input type="checkbox"/>
4.2	N.O. Advance Preparation	<input type="checkbox"/>	<input type="checkbox"/>
5.0 RECORD KEEPING AND RECALLS			
5.1	N.O. Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>
5.2	N.O. Recall of Food	<input type="checkbox"/>	<input type="checkbox"/>
6.0 PERSONNEL			
6.1	N.O. Demonstrating Knowledge	<input type="checkbox"/>	<input type="checkbox"/>
6.2	N.O. Employee Health	<input type="checkbox"/>	<input type="checkbox"/>
6.3	N.O. Personal Hygiene Practices	<input type="checkbox"/>	<input type="checkbox"/>
7.0 FOOD EQUIPMENT AND UTENSILS			
7.1	N.O. Food Equipment (Design, Construction, Installation and Maintenance)	<input type="checkbox"/>	<input type="checkbox"/>
7.2	N.O. Food Contact Surfaces	<input type="checkbox"/>	<input type="checkbox"/>
7.3	N.O. Mechanical Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.4	N.O. Manual Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.5	N.O. Eating Utensils and Dishes	<input type="checkbox"/>	<input type="checkbox"/>

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8.0 CLEANING AND SANITIZING

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|------|------|---|--------------------------|--------------------------|
| 8.1. | N.O. | 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. | N.O. | Washroom(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2. | N.O. | Hand Washing Station(s) | <input type="checkbox"/> | <input type="checkbox"/> |

10.0 FLOORS, WALLS AND CEILINGS

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

11.0 WATER SUPPLY AND WASTE DISPOSAL

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

12.0 LIGHTING AND VENTILATION

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

13.0 GENERAL

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|-------|------|---------------------------|--------------------------|--------------------------|
| 13.1. | N.O. | Licence | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.2. | N.O. | Rodent and Insect Control | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.3. | N.O. | 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
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CLOSING COMMENTS

All infractions correct from previous inspection.

Rating color

Green/Vert