

### FOOD PREMISES INSPECTION FORM

Name of Premises: Civic Center Canteen  
 Operator: \_\_\_\_\_  
 Address: 415 King George Hwy  
Miramichi, NB

Licence #: 07-00652 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	
1.0				FOOD	3.3		/		Holding Methods	7.0				FOOD EQUIPMENT AND UTENSILS
1.1		/		Approved Source	3.4		/		Cooling Methods	7.1		/		Food Equipment (Design, Construction, Installation and Maintenance)
1.2		/		Purchasing and Receiving	3.5		/		Re-heating Methods	7.2		/		Food Contact Surfaces
1.3		/		Acceptable Containers and Labeling	3.6		/		Handling Methods	7.3		/		Mechanical Dishwashing
2.0				FOOD STORAGE	4.0				FOOD DISPLAY AND SERVICE	7.4		/		Manual Dishwashing
2.1		/		Storage of Potentially Hazardous Foods	4.1		/		Display Methods	7.5		/		Eating Utensils and Dishes
2.2		/		Frozen Storage	4.2		/		Advance Preparation	8.0				CLEANING AND SANITIZING
2.3		/		Refrigerated Storage (Temperature)	5.0				RECORD KEEPING AND RECALLS	8.1		/		Cleaning and Sanitizing
2.4		/		Refrigerated Storage (Methods)	5.1	/			Record Keeping	8.2		/		Detergents and Chemical Use and Storage
2.5		/		Refrigerated Storage (Space)	5.2	/			Recall of Food	9.0				SANITARY FACILITIES
2.6		/		Dry Storage	6.0				PERSONNEL	9.1		/		Washroom(s)
2.7		/		Storage of Food for Staff	6.1		/		Demonstrating Knowledge	9.2		/		Hand Washing Station(s)
3.0				FOOD PREPARATION AND HANDLING	6.2		/		Employee Health	10.0		/		FLOORS, WALLS AND CEILINGS
3.1		/		Thawing Methods	6.3		/		Personal Hygiene Practices	10.1		/		Floors (Construction and Maintenance)
3.2		/		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

<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>January 24, 2020</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:	
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