

## FOOD PREMISES INSPECTION FORM

Name of Premises: Cokestruck  
 Operator: \_\_\_\_\_  
 Address: 111 Highland Rd, Grand-Bay Westfield NB

Licence #: 02-02584 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	
<b>1.0</b>	<b>FOOD</b>			3.3	<input checked="" type="checkbox"/>			Holding Methods	<b>7.0</b>	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2		<input checked="" type="checkbox"/>	
1.1		<input checked="" type="checkbox"/>		3.4	<input checked="" type="checkbox"/>			Cooling Methods	7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5	<input checked="" type="checkbox"/>			Re-heating Methods	7.2		<input checked="" type="checkbox"/>		<b>11.0</b>	<b>WATER SUPPLY AND WASTE DISPOSAL</b>		
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3	<input checked="" type="checkbox"/>			11.1		<input checked="" type="checkbox"/>	
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>			7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>		
2.1		<input checked="" type="checkbox"/>		4.1	<input checked="" type="checkbox"/>			Display Methods	7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2	<input checked="" type="checkbox"/>			Advance Preparation	<b>8.0</b>	<b>CLEANING AND SANITIZING</b>			<b>12.0</b>	<b>LIGHTING AND VENTILATION</b>		
2.3	<input checked="" type="checkbox"/>			<b>5.0</b>	<b>RECORD KEEPING AND RECALLS</b>			8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>		
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		Record Keeping	8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		Recall of Food	<b>9.0</b>	<b>SANITARY FACILITIES</b>			<b>13.0</b>	<b>GENERAL</b>		
2.6		<input checked="" type="checkbox"/>		<b>6.0</b>	<b>PERSONNEL</b>			9.1	<input checked="" type="checkbox"/>			13.1		<input checked="" type="checkbox"/>		
2.7	<input checked="" type="checkbox"/>			6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2		<input checked="" type="checkbox"/>		Employee Health	<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>			13.3	<input checked="" type="checkbox"/>		
3.1	<input checked="" type="checkbox"/>			6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>					
3.2	<input checked="" type="checkbox"/>							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	Date of Inspection: <u>March 12/19</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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