

**FOOD PREMISES INSPECTION FORM**



Name of Premises: Baird House B4B  
Operator: Carol Anderson  
Address: 6045 Route 130  
Andover Parish, NB

Licence #: 32-00034 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
1.0	FOOD			7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
1.1		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING	<input checked="" type="checkbox"/>		12.0	LIGHTING AND VENTILATION	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES	<input checked="" type="checkbox"/>		13.0	GENERAL	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			10.0	FLOORS, WALLS AND CEILINGS	<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
3.1		<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

Remarks

No violations noted.

Date for Correction

<input type="checkbox"/> Light Yellow	<input type="checkbox"/> Dark Yellow	<input checked="" type="checkbox"/> Green			
<input type="checkbox"/> Striped Red	<input type="checkbox"/> Red	<input type="checkbox"/> No			
		<input checked="" type="checkbox"/> Yes			
Date of Inspection: <u>5 Nov 2020</u>		Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, Date: _____	