

# FOOD PREMISES INSPECTION FORM

Name of Premises: Circle K # 2024

Licence #: 07-60597

Operator: \_\_\_\_\_

Type:  Class 3  Class 3 WH  Class 4  Class 5

Address: 196 King Street  
Moncton, N.B.

Additional Info:  PM  TE  Catering

Category:  Routine  Re-inspection  New Licence  Other

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				3.3		<input checked="" type="checkbox"/>		7.0				10.2		<input checked="" type="checkbox"/>	
	FOOD							FOOD EQUIPMENT AND UTENSILS							
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
								Food Equipment (Design, Construction, Installation and Maintenance)							
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL		
								Food Contact Surfaces							
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
	Acceptable Containers and Labeling				FOOD DISPLAY AND SERVICE				Mechanical Dishwashing						
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
								Manual Dishwashing							
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
								Eating Utensils and Dishes							
2.3		<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
								Cleaning and Sanitizing							
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
								Detergents and Chemical Use and Storage							
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES			13.0	GENERAL		
								Washroom(s)							
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
								Hand Washing Station(s)							
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
	Storage of Food for Staff							Floors, Walls and Ceilings							
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS			13.3			
								Floors (Construction and Maintenance)							
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					
								Personal Hygiene Practices							
3.2		<input checked="" type="checkbox"/>		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

Green     
 Light Yellow     
 Dark Yellow     
 Striped Red     
 Red

Date of Inspection: 19/05/2021     
Re-inspection Required:  Yes  No

If Yes, Date: \_\_\_\_\_