

Name of Premises: Covered Bridge Recreation
 Operator: _____
 Address: 170 Golf Club Road
Hartland, NB

Licence #: 31-00020 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				3.3				7.0				10.2			
FOOD				Holding Methods				FOOD EQUIPMENT AND UTENSILS				Walls (Construction and Maintenance)			
1.1		/		3.4		/		7.1		/		10.3		/	
		/		Cooling Methods				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Constructions and Maintenance)			
1.2		/		3.5		/		7.2		/		WATER SUPPLY AND WASTE DISPOSAL			
		/		Re-heating Methods				Food Contact Surfaces				Water (Quality and Quantity)			
1.3		/		3.6		/		7.3		/		11.1		/	
		/		Acceptable Containers and Labeling				Mechanical Dishwashing				Sewage Disposal			
2.0				FOOD STORAGE				FOOD DISPLAY AND SERVICE				11.2			
2.1		/		4.0		/		7.4		/		11.3		/	
		/		Storage of Potentially Hazardous Foods				Display Methods				Solid Waste Handling			
2.2		/		4.1		/		7.5		/		12.0 LIGHTING AND VENTILATION			
		/		Frozen Storage				Advance Preparation				Lighting			
2.3		/		4.2		/		8.0 CLEANING AND SANITIZING				12.2			
		/		Refrigerated Storage (Temperature)				Cleaning and Sanitizing				Ventilation			
2.4		/		5.0		/		8.1		/		13.0 GENERAL			
		/		Refrigerated Storage (Methods)				Detergents and Chemical Use and Storage				Licence			
2.5		/		5.1		/		8.2		/		13.1		/	
		/		Refrigerated Storage (Space)				Recall of Food				Rodent and Insect Control			
2.6		/		5.2		/		9.0 SANITARY FACILITIES				13.3			
		/		Dry Storage				Washroom(s)				Other Infractions/Hazards			
2.7		/		6.0		/		9.1		/		10.0 FLOORS, WALLS AND CEILINGS			
		/		Storage of Food for Staff				Hand Washing Station(s)				Floors (Construction and Maintenance)			
3.0				FOOD PREPARATION AND HANDLING				PERSONNEL							
3.1		/		6.1		/		9.2		/					
		/		Thawing Methods				Demonstrating Knowledge							
3.2		/		6.2		/		10.1		/					
		/		Cooking Methods				Employee Health							
		/		6.3		/		Personal Hygiene Practices							

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
				No infractions @ time of inspection.	

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: Aug 13/19

Re-inspection Required: Yes No
 If Yes, Date: _____