

# FOOD PREMISES INSPECTION FORM

Name of Premises: Southern Victoria High School  
 Operator: BCFP  
 Address: 13 School Street  
Pelee-Andover, NB

License #: 32-00296 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				3.3				Holding Methods	7.0				FOOD EQUIPMENT AND UTENSILS	10.2				Walls (Construction and Maintenance)
1.1					3.4				Cooling Methods	7.1					10.3				Ceilings (Construction and Maintenance)
1.2					3.5				Re-heating Methods	7.2					11.0				WATER SUPPLY AND WASTE DISPOSAL
1.3					3.6				Handling Methods	7.3					11.1				Water (Quality and Quantity)
2.0	FOOD STORAGE				4.0				FOOD DISPLAY AND SERVICE	7.4					11.2				Sewage Disposal
2.1					4.1				Display Methods	7.5					11.3				Solid Waste Handling
2.2					4.2				Advance Preparation	8.0					12.0				LIGHTING AND VENTILATION
2.3					5.0				RECORD KEEPING AND RECALLS	8.1					12.1				Lighting
2.4					5.1				Record Keeping	8.2					12.2				Ventilation
2.5					5.2				Refrigerated Storage (Space)	9.0					13.0				GENERAL
2.6					6.0				Dry Storage	9.1					13.1				License
2.7					6.1				Storage of Food for Staff	9.2					13.2				Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING				6.2				PERSONNEL	10.0					13.3				Other Infractions/Hazards
3.1					6.3				Thawing Methods	10.1									
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
				<u>Closed due to Covid-19</u>	

<input type="checkbox"/> Green <input checked="" type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input type="checkbox"/> Dark Yellow <input checked="" type="checkbox"/> Red	Date of Inspection: <u>10 Feb 2021</u>
Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, Date: _____		Received by: _____