

FOOD PREMISES INSPECTION FORM

Name of Premises: Tim Horton's - Galbraith
 Operator: _____
 Address: Galbraith Place St John N.B.

Licence #: 02-02858 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		/		7.0	FOOD EQUIPMENT AND UTENSILS			10.2		/	
1.1		/		3.4	/			7.1		/		10.3		/	
1.2		/		3.5	/			7.2		/		11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		/		3.6		/		7.3		/		11.1		/	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		/		11.2		/	
2.1		/		4.1		/		7.5		/		11.3		/	
2.2		/		4.2		/		8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		/		5.0	RECORD KEEPING AND RECALLS			8.1		/		12.1		/	
2.4		/		5.1		/		8.2		/		12.2		/	
2.5		/		5.2		/		9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		/		6.0	PERSONNEL			9.1		/		13.1		/	
2.7		/		6.1		/		9.2		/		13.2		/	
3.0	FOOD PREPARATION AND HANDLING			6.2		/		10.0	FLOORS, WALLS AND CEILINGS			13.3		/	
3.1		/		6.3		/		10.1		/					
3.2		/													

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
2.2	x			Food shall be stored in a manner to prevent cross contamination cover food in freezer (Walk-in)	Immediate
9.2		x		Handwashing stations shall not be used for any other purpose.	Corrected

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<u>08 Nov 18</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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