

**FOOD PREMISES INSPECTION FORM**

Name of Premises: GARDRIE STOOPY DAYCARE INC.

Licence #: 01-00532

Operator:

Type:  Class 3  Class 3 WH  Class 4  Class 5

Address: 417 ST. GEORGE STREET  
MONCTON

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			
<b>FOOD</b>				Holding Methods				<b>FOOD EQUIPMENT AND UTENSILS</b>				Walls (Construction and Maintenance)			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
Approved Source				Cooling Methods				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Constructions and Maintenance)			
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		<b>WATER SUPPLY AND WASTE DISPOSAL</b>			
Purchasing and Receiving				Re-heating Methods				Food Contact Surfaces				Water (Quality and Quantity)			
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				Handling Methods				Mechanical Dishwashing				Sewage Disposal			
2.0				4.0				7.4				11.2		<input checked="" type="checkbox"/>	
<b>FOOD STORAGE</b>				<b>FOOD DISPLAY AND SERVICE</b>				Manual Dishwashing				Solid Waste Handling			
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
Storage of Potentially Hazardous Foods				Display Methods				Eating Utensils and Dishes				<b>LIGHTING AND VENTILATION</b>			
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0				12.0			
Frozen Storage				Advance Preparation				<b>CLEANING AND SANITIZING</b>				Lighting			
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
Refrigerated Storage (Temperature)				<b>RECORD KEEPING AND RECALLS</b>				Cleaning and Sanitizing				Ventilation			
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
Refrigerated Storage (Methods)				Record Keeping				Detergents and Chemical Use and Storage				<b>GENERAL</b>			
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0				13.0			
Refrigerated Storage (Space)				Recall of Food				<b>SANITARY FACILITIES</b>				Licence			
2.6		<input checked="" type="checkbox"/>		6.0				9.1				13.1		<input checked="" type="checkbox"/>	
Dry Storage				<b>PERSONNEL</b>				Washroom(s)				Rodent and Insect Control			
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				Demonstrating Knowledge				Hand Washing Station(s)				Other Infractions/Hazards			
3.0				6.2		<input checked="" type="checkbox"/>		10.0				13.3		<input checked="" type="checkbox"/>	
<b>FOOD PREPARATION AND HANDLING</b>				Employee Health				<b>FLOORS, WALLS AND CEILINGS</b>				Floors (Construction and Maintenance)			
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					
Thawing Methods				Personal Hygiene Practices											
3.2		<input checked="" type="checkbox"/>		<b>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</b>											
Cooking Methods															

Item No.	MI	MA	CR	Remarks	Date for Correction

Green  
 Light Yellow       Dark Yellow  
 Striped Red       Red

Date of Inspection: Jan. 12, 2021

Re-inspection Required:  Yes  No

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

Received by: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

White - Office; Yellow - Operator; Blue - Copy for Posting      WH - With Handling; PM - Public Market; TE - Temporary Event      01/2019