

FOOD PREMISES INSPECTION FORM

Name of Premises: Locavore Foods
 Operator: _____
 Address: 880 Harwell Rd Unit 301
Fredericton, NB

Licence #: 03-02012 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		X	
1.1				3.4				Cooling Methods	7.1				10.3			
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			
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4				11.2				
2.1				4.1				Display Methods	7.5				11.3			
2.2				4.2				Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		X		5.0	RECORD KEEPING AND RECALLS			8.1				12.1				
2.4				5.1				Record Keeping	8.2				12.2			
2.5				5.2				Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6				6.0	PERSONNEL			9.1				13.1				
2.7				6.1				Demonstrating Knowledge	9.2				13.2			
3.0	FOOD PREPARATION AND HANDLING			6.2				Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1				6.3				Personal Hygiene Practices	10.1		X					
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
				<i>Previous discrepancies have been corrected.</i>	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>01 Aug 2017</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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