

### FOOD PREMISES INSPECTION FORM

Name of Establishment: Friends of the Bengals  
 Operator: Te Luman  
 Address: 197 main st. Keegan NB

Licence #: 4-00562    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	<input checked="" type="checkbox"/>			Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS				10.2			<input checked="" type="checkbox"/>		Walls (Construction and Maintenance)
1.1		<input checked="" type="checkbox"/>		Approved Source	3.4	<input checked="" type="checkbox"/>			Cooling Methods	7.1		<input checked="" type="checkbox"/>		Food Equipment (Design, Construction, Installation and Maintenance)	10.3			<input checked="" type="checkbox"/>		Ceiling (Constructions and Maintenance)
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.5	<input checked="" type="checkbox"/>			Re-heating Methods	7.2		<input checked="" type="checkbox"/>		Food Contact Surfaces	11.0 WATER SUPPLY AND WASTE DISPOSAL					
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	3.6	<input checked="" type="checkbox"/>			Handling Methods	7.3		<input checked="" type="checkbox"/>		Mechanical Dishwashing	11.1			<input checked="" type="checkbox"/>		Water (Quality and Quantity)
2.0	FOOD STORAGE				4.0	FOOD DISPLAY AND SERVICE				7.4		<input checked="" type="checkbox"/>		Manual Dishwashing	11.2			<input checked="" type="checkbox"/>		Sewage Disposal
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>		Eating Utensils and Dishes	11.3			<input checked="" type="checkbox"/>		Solid Waste Handling
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0 CLEANING AND SANITIZING				12.0	LIGHTING AND VENTILATION					
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	5.0	RECORD KEEPING AND RECALLS				8.1		<input checked="" type="checkbox"/>		Cleaning and Sanitizing	12.1			<input checked="" type="checkbox"/>		Lighting
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	5.1				Record Keeping	8.2		<input checked="" type="checkbox"/>		Detergents and Chemical Use and Storage	12.2			<input checked="" type="checkbox"/>		Ventilation
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	5.2				Recall of Food	9.0 SANITARY FACILITIES				13.0	GENERAL					
2.6		<input checked="" type="checkbox"/>		Dry Storage	6.0	PERSONNEL				9.1		<input checked="" type="checkbox"/>		Washroom(s)	13.1			<input checked="" type="checkbox"/>		Licence
2.7	<input checked="" type="checkbox"/>			Storage of Food for Staff	6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		Hand Washing Station(s)	13.2			<input checked="" type="checkbox"/>		Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING				6.2		<input checked="" type="checkbox"/>		Employee Health	10.0 FLOORS, WALLS AND CEILINGS				13.3			<input checked="" type="checkbox"/>		Other Infractions/Hazards	
3.1	<input checked="" type="checkbox"/>			Thawing Methods	6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>		Floors (Construction and Maintenance)						
3.2	<input checked="" type="checkbox"/>			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

<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>Sept 8/21</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, Date:		_____