

## FOOD PREMISES INSPECTION FORM



Name of Premises: Black's Harbour Elementary #86281 Licence #: 02-00688  
 Operator: Compass Group Canada LTD. Type:  Class 3  Class 4  Class 5  
 Address: Black's Harbour, Charlotte County, NB 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	<b>FOOD</b>			3.3		<input checked="" type="checkbox"/>		7.0	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2		<input checked="" type="checkbox"/>	
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		<b>11.0 WATER SUPPLY AND WASTE DISPOSAL</b>			
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
2.0	<b>FOOD STORAGE</b>			4.0	<b>FOOD DISPLAY AND SERVICE</b>			7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1	<input checked="" type="checkbox"/>			7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2	<input checked="" type="checkbox"/>			<b>8.0 CLEANING AND SANITIZING</b>			<b>12.0 LIGHTING AND VENTILATION</b>				
2.3		<input checked="" type="checkbox"/>		5.0	<b>RECORD KEEPING AND RECALLS</b>			8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>			8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>			<b>9.0 SANITARY FACILITIES</b>			<b>13.0 GENERAL</b>				
2.6		<input checked="" type="checkbox"/>		6.0	<b>PERSONNEL</b>			9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
3.0	<b>FOOD PREPARATION AND HANDLING</b>			6.2		<input checked="" type="checkbox"/>		<b>10.0 FLOORS, WALLS AND CEILINGS</b>			13.3		<input checked="" type="checkbox"/>		
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>		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
9.2	<input checked="" type="checkbox"/>			The hand pump for the paper towel is broken. The paper towel dispenser is required to be repaired or replaced.	Feb 19, 2020

Green       Light Yellow       Dark Yellow       Striped Red       Red  
 Date of Inspection: Feb 5, 2020  
 Re-inspection Required:  Yes  No  
 If Yes, Date: \_\_\_\_\_