

FOOD PREMISES INSPECTION FORM

Name of Premises: Dragon's Country Kitchen

Licence #: 32-00216

Type: Class 3 Class 4 Class 5

Operator: 273 Main St

Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection

Water Supply: Private Municipal



Address: 273 Main St
Plaster Rock, NB

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"/>	7.0	FOOD EQUIPMENT AND UTENSILS		
1.1		<input checked="" type="checkbox"/>		3.4			<input checked="" type="checkbox"/>	7.1			
1.2		<input checked="" type="checkbox"/>		3.5			<input checked="" type="checkbox"/>	7.2			
1.3		<input checked="" type="checkbox"/>		3.6			<input checked="" type="checkbox"/>	7.3			
2.0	FOOD STORAGE			4.0			<input checked="" type="checkbox"/>	7.4			
2.1		<input checked="" type="checkbox"/>		4.1			<input checked="" type="checkbox"/>	7.5			
2.2			<input checked="" type="checkbox"/>	4.2			<input checked="" type="checkbox"/>	8.0	CLEANING AND SANITIZING		
2.3		<input checked="" type="checkbox"/>		5.0			<input checked="" type="checkbox"/>	8.1			
2.4		<input checked="" type="checkbox"/>		5.1			<input checked="" type="checkbox"/>	8.2			
2.5		<input checked="" type="checkbox"/>		5.2			<input checked="" type="checkbox"/>	9.0	SANITARY FACILITIES		
2.6		<input checked="" type="checkbox"/>		6.0			<input checked="" type="checkbox"/>	9.1			
2.7		<input checked="" type="checkbox"/>		6.1			<input checked="" type="checkbox"/>	9.2			
3.0	FOOD PREPARATION AND HANDLING			6.2			<input checked="" type="checkbox"/>	10.0	FLOORS, WALLS AND CEILINGS		
3.1		<input checked="" type="checkbox"/>		6.3			<input checked="" type="checkbox"/>	10.1			
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
3.3		<input checked="" type="checkbox"/>			
3.2	<input checked="" type="checkbox"/>			absence of a hot holding temperature log.	
7.2	<input checked="" type="checkbox"/>			defrost small refrigerator unit freezer invert or cover top panel/pans on shelf to reduce possibility of contamination	

Green Light Yellow Striped Red
 Dark Yellow Red

Re-inspection Required: Yes No
 Date of Inspection: 3 Nov 2020 If Yes, Date: _____

Inspector's Signature: _____