

**FOOD PREMISES INSPECTION FORM**



Name of Premises: Starbuck's Coffee # 202941  
 Operator: \_\_\_\_\_  
 Address: 451 Fairville Blvd, Saint John

Licence #: \_\_\_\_\_ 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	
<b>1.0</b>	<b>FOOD</b>			<b>3.3</b>				Holding Methods	<b>7.0</b>	<b>FOOD EQUIPMENT AND UTENSILS</b>			<b>10.2</b>			
1.1				3.4				Approved Source	7.1				10.3			
1.2				3.5				Purchasing and Receiving	7.2				<b>11.0</b>	<b>WATER SUPPLY AND WASTE DISPOSAL</b>		
1.3				3.6				Acceptable Containers and Labeling	7.3				11.1			
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>				7.4				11.2			
2.1				4.1				Storage of Potentially Hazardous Foods	7.5				11.3			
2.2				4.2				Frozen Storage	<b>8.0</b>	<b>CLEANING AND SANITIZING</b>			<b>12.0</b>	<b>LIGHTING AND VENTILATION</b>		
2.3				<b>5.0</b>	<b>RECORD KEEPING AND RECALLS</b>				8.1				12.1			
2.4				5.1				Refrigerated Storage (Temperature)	8.2				12.2			
2.5				5.2				Refrigerated Storage (Methods)	<b>9.0</b>	<b>SANITARY FACILITIES</b>			<b>13.0</b>	<b>GENERAL</b>		
2.6				<b>6.0</b>	<b>PERSONNEL</b>				9.1				13.1			
2.7				6.1				Dry Storage	9.2				13.2			
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			<b>6.2</b>	<b>PERSONNEL</b>				<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>			<b>13.3</b>			
3.1				6.3				Storage of Food for Staff	10.1							
3.2								Thawing Methods								
								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>Item 7.2 has been corrected, they got a new cutting board.</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>Dec. 16 / 2019</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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