

FOOD PREMISES INSPECTION FORM

Name of Premises: Tim Hortons
 Operator: _____
 Address: 1160 Danvers Rd. Fredericton, NB.

Licence #: 03-01031 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"/>		
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>		
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		Purchasing and Receiving	7.2		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	7.3		<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL			
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE							11.1		<input checked="" type="checkbox"/>			
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>		
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		Frozen Storage	7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>		
2.3		<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS				Refrigerated Storage (Temperature)	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>		
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>		
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL				Dry Storage	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		Storage of Food for Staff	9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>		
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		Employee Health	9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>		
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		Thawing Methods	10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>		
3.2		<input checked="" type="checkbox"/>						Cooking Methods	10.1		<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
7.2C	<input checked="" type="checkbox"/>			Food contact surfaces shall be cleaned and sanitized at a frequency that prevents the accumulation of greasy debris & other residues Ice machine had a bio film on inside.	immediately

<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 28 / 18</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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