

FOOD PREMISES INSPECTION FORM



Name of Premises: Martime Oysters NB
 Operator: Martime Oysters NB
 Address: 241 St Joseph Rd. St Joseph NB

Licence #: 11-00507
 Type: Class 3 Class 4 Class 5
 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 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"/>		3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1	<input checked="" type="checkbox"/>			10.3	<input checked="" type="checkbox"/>		Ceilings (Constructions and Maintenance)	
1.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		Re-heating Methods	7.2	<input checked="" type="checkbox"/>			11.0 WATER SUPPLY AND WASTE DISPOSAL				
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3	<input checked="" type="checkbox"/>			11.1		<input checked="" type="checkbox"/>	Water (Quality and Quantity) <i>Comment</i>	
2.0 FOOD STORAGE				4.0 FOOD DISPLAY AND SERVICE				7.4	<input checked="" type="checkbox"/>				11.2		<input checked="" type="checkbox"/>	Sewage Disposal	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		Display Methods	7.5	<input checked="" type="checkbox"/>			11.3		<input checked="" type="checkbox"/>	Solid Waste Handling	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0 CLEANING AND SANITIZING				12.0 LIGHTING AND VENTILATION				
2.3		<input checked="" type="checkbox"/>		5.0 RECORD KEEPING AND RECALLS				8.1	<input checked="" type="checkbox"/>				12.1		<input checked="" type="checkbox"/>	Lighting	
2.4		<input checked="" type="checkbox"/>		5.1				Record Keeping	8.2	<input checked="" type="checkbox"/>			12.2		<input checked="" type="checkbox"/>	Ventilation	
2.5		<input checked="" type="checkbox"/>		5.2				Recall of Food	9.0 SANITARY FACILITIES				13.0 GENERAL				
2.6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.0 PERSONNEL				9.1	<input checked="" type="checkbox"/>				13.1		<input checked="" type="checkbox"/>	Licence	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2	<input checked="" type="checkbox"/>			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"/>	<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1	<input checked="" type="checkbox"/>							
3.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i>													

Item No.	MI	MA	CR	Remarks	Date for Correction

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: 09-Jan-2020
 If Yes, Date: