

FOOD PREMISES INSPECTION FORM



Name of Premises: Dairy Queen Elmwood
 Operator: G.Y. Enterprises Inc.
 Address: 716 Elmwood Drive
Moncton, NB

Licence #: 01-01730
 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 | |
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| 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"/> | | Approved Source | 3.4 | | <input checked="" type="checkbox"/> | | Cooling Methods | 7.1 | | | <input checked="" type="checkbox"/> | Food Equipment (Design, Construction, Installation and Maintenance) | 10.3 | | | <input checked="" type="checkbox"/> | Ceilings (Constructions and Maintenance) |
| 1.2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | Purchasing and Receiving | 3.5 | | <input checked="" type="checkbox"/> | | Re-heating Methods | 7.2 | | | <input checked="" type="checkbox"/> | Food Contact Surfaces | 11.0 WATER SUPPLY AND WASTE DISPOSAL | | | | |
| 1.3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | Acceptable Containers and Labeling | 3.6 | | <input checked="" type="checkbox"/> | | Handling Methods | 7.3 | | | <input checked="" type="checkbox"/> | Mechanical Dishwashing | 11.1 | | | <input checked="" type="checkbox"/> | Water (Quality and Quantity) |
| 2.0 | FOOD STORAGE | | | | 4.0 | FOOD DISPLAY AND SERVICE | | | | 7.4 | | | <input checked="" type="checkbox"/> | Manual Dishwashing | 11.2 | | | <input checked="" type="checkbox"/> | Sewage Disposal |
| 2.1 | | <input checked="" type="checkbox"/> | | Storage of Potentially Hazardous Foods | 4.1 | | <input checked="" type="checkbox"/> | | Display Methods | 7.5 | | | <input checked="" type="checkbox"/> | Eating Utensils and Dishes | 11.3 | | | <input checked="" type="checkbox"/> | Solid Waste Handling |
| 2.2 | | <input checked="" type="checkbox"/> | | Frozen Storage | 4.2 | | <input checked="" type="checkbox"/> | | Advance Preparation | 8.0 CLEANING AND SANITIZING | | | | 12.0 LIGHTING AND VENTILATION | | | | | |
| 2.3 | | <input checked="" type="checkbox"/> | | Refrigerated Storage (Temperature) | 5.0 | RECORD KEEPING AND RECALLS | | | | 8.1 | | | <input checked="" type="checkbox"/> | Cleaning and Sanitizing | 12.1 | | | <input checked="" type="checkbox"/> | Lighting |
| 2.4 | | <input checked="" type="checkbox"/> | | Refrigerated Storage (Methods) | 5.1 | | | | Record Keeping | 8.2 | | | <input checked="" type="checkbox"/> | Detergents and Chemical Use and Storage | 12.2 | | | <input checked="" type="checkbox"/> | Ventilation |
| 2.5 | | <input checked="" type="checkbox"/> | | Refrigerated Storage (Space) | 5.2 | | | | Recall of Food | 9.0 SANITARY FACILITIES | | | | 13.0 GENERAL | | | | | |
| 2.6 | | <input checked="" type="checkbox"/> | | Dry Storage | 6.0 | PERSONNEL | | | | 9.1 | | | <input checked="" type="checkbox"/> | Washroom(s) | 13.1 | | | <input checked="" type="checkbox"/> | Licence |
| 2.7 | | <input checked="" type="checkbox"/> | | Storage of Food for Staff | 6.1 | | | <input checked="" type="checkbox"/> | Demonstrating Knowledge | 9.2 | | | <input checked="" type="checkbox"/> | Hand Washing Station(s) | 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"/> | | Thawing Methods | 6.3 | | | <input checked="" type="checkbox"/> | Personal Hygiene Practices | 10.1 | | | <input checked="" type="checkbox"/> | Floors (Construction and Maintenance) | | | | | |
| 3.2 | | <input checked="" type="checkbox"/> | | 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 |
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| <input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red | <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red | <u>20-Oct-2019</u> Date of Inspection: | Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: | Received by: _____ | Inspector Signature: _____ |
|--|--|---|--|--------------------|----------------------------|

White - Office; Yellow - Operator; Blue - Copy for Posting