

FOOD PREMISES INSPECTION FORM

Name of Premises: Tim Hortons - Florenceville

Operator: Bob Hain Street

Address: Florenceville, NB

License #: 33-00208

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"/>		7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>	
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1	Food Equipment (Design, Construction, Installation and Maintenance)			10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2	Food Contact Surfaces			11.0		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3	Mechanical Dishwashing			11.1		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0		<input checked="" type="checkbox"/>		7.4	Manual Dishwashing			11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5	Eating Utensils and Dishes			11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING			12.0		<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		5.0		<input checked="" type="checkbox"/>		8.1	Cleaning and Sanitizing			12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2	Detergents and Chemical Use and Storage			12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES			13.0		<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		6.0		<input checked="" type="checkbox"/>		9.1	Washroom(s)			13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2	Hand Washing Station(s)			13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1	Floors (Construction and Maintenance)						
3.2		<input checked="" type="checkbox"/>													

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction

Remarks: No violations were noted @ time of inspection

Item No.	MI	MA	CR	Remarks	Date for Correction

Green Dark Yellow
 Light Yellow Red
 Striped Red

Re-inspection Required: Yes No
 Date of inspection: 27 Jan 2021
 If Yes, Date: 14th Feb