FOOD PREMISES INSPECTION FORM

Name of Premises: BARRIES SPECIAL CARE Home
Operator:
Address: 1459 ROUTE 101 NAUWORTH

Licence #: 03-01512
Type: ☐ Class 3 ☒ ~~Class 4~~ ☐ Class 5
Category: ☒ ~~Routine~~ ☐ Re-inspection ☐ New Licence ☐ Complaint ☐ CD Follow-up Inspection
Water Supply: ☑ Private ☐ Municipal

New Nouveau Brunswick

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		✓		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS				10.2		✓		Walls (Construction and Maintenance)
1.1		✓		Approved Source	3.4		✓		Cooling Methods	7.1		✓		Food Equipment (Design, Construction, Installation and Maintenance)	10.3		✓		Ceilings (Constructions and Maintenance)
1.2		✓		Purchasing and Receiving	3.5		✓		Re-heating Methods	7.2		✓		Food Contact Surfaces	11.0	WATER SUPPLY AND WASTE DISPOSAL			
1.3		✓		Acceptable Containers and Labeling	3.6			✓	Handling Methods	7.3			✓	Mechanical Dishwashing	11.1			✓	Water (Quality and Quantity)
2.0	FOOD STORAGE				4.0	FOOD DISPLAY AND SERVICE				7.4			✓	Manual Dishwashing	11.2		✓		Sewage Disposal
2.1		✓		Storage of Potentially Hazardous Foods	4.1		✓		Display Methods	7.5			✓	Eating Utensils and Dishes	11.3		✓		Solid Waste Handling
2.2		✓		Frozen Storage	4.2		✓		Advance Preparation	8.0	CLEANING AND SANITIZING				12.0	LIGHTING AND VENTILATION			
2.3		✓		Refrigerated Storage (Temperature)	5.0	RECORD KEEPING AND RECALLS				8.1		✓		Cleaning and Sanitizing	12.1		✓		Lighting
2.4		✓		Refrigerated Storage (Methods)	5.1	✓			Record Keeping	8.2			✓	Detergents and Chemical Use and Storage	12.2		✓		Ventilation
2.5		✓		Refrigerated Storage (Space)	5.2	✓			Recall of Food	9.0	SANITARY FACILITIES				13.0	GENERAL			
2.6		✓		Dry Storage	6.0	PERSONNEL				9.1		✓		Washroom(s)	13.1			✓	Licence
2.7	✓			Storage of Food for Staff	6.1			✓	Demonstrating Knowledge	9.2		✓		Hand Washing Station(s)	13.2			✓	Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING				6.2			✓	Employee Health	10.0	FLOORS, WALLS AND CEILINGS				13.3	✓			Other Infractions/Hazards
3.1		✓		Thawing Methods	6.3			✓	Personal Hygiene Practices	10.1		✓		Floors (Construction and Maintenance)					
3.2		✓		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
11.1		✓		Provide water testing results	
8.2		✓		Ensure sanitizer used at proper concentration. Chlorine sanitizer must be 100ppm	Corrected

☑ Green ☐ Light Yellow ☐ Dark Yellow ☐ Striped Red ☐ Red

Date of Inspection: SEPT. 29 2020

Re-inspection Required: ☐ Yes ☐ No
If Yes, Date:

Received by:

Inspector Signature:

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