

FOOD PREMISES INSPECTION FORM



Name of Premises: Subway
 Operator: _____
 Address: 1040 Champlain St.
Sussex NB

Licence #: 01-01519
 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				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				Ceilings (Constructions and Maintenance)
1.2		<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"/>		Acceptable Containers and Labeling	3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3	<input checked="" type="checkbox"/>			Mechanical Dishwashing	11.1				Water (Quality and Quantity)
2.0				FOOD STORAGE	4.0				FOOD DISPLAY AND SERVICE	7.4		<input checked="" type="checkbox"/>		Manual Dishwashing	11.2				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				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				Lighting
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	5.1		<input checked="" type="checkbox"/>		Record Keeping	8.2				Detergents and Chemical Use and Storage	12.2				Ventilation
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	5.2		<input checked="" type="checkbox"/>		Recall of Food	9.0				SANITARY FACILITIES	13.0				GENERAL
2.6		<input checked="" type="checkbox"/>		Dry Storage	6.0				PERSONNEL	9.1				Washroom(s)	13.1				Licence
2.7		<input checked="" type="checkbox"/>		Storage of Food for Staff	6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2				Hand Washing Station(s)	13.2				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				Other Infractions/Hazards
3.1				Thawing Methods	6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1				Floors (Construction and Maintenance)					
3.2				Cooking Methods	<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
8.1			<input checked="" type="checkbox"/>	There was no sanitizing solution at the front counter at time of inspection Employee set one out while I was still there.	CDI

<input type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input checked="" type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	Date of Inspection: <u>Jan 4 / 22.</u>	Re-inspection Required: <input type="checkbox"/> Yes If Yes, Date: _____
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01/2019