

FOOD PREMISES INSPECTION FORM



Name of Premises: LAKVILLE Village Convenience
 Operator: 2181 RES 560
 Address: Lakewood, NB

Licence #: 31-00345 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"/>	Approved Source		3.4		<input checked="" type="checkbox"/>		7.1	<input checked="" type="checkbox"/> Cooling Methods			10.3		<input checked="" type="checkbox"/>	
1.2	<input checked="" type="checkbox"/>	Purchasing and Receiving		3.5		<input checked="" type="checkbox"/>		7.2	<input checked="" type="checkbox"/> Re-heating Methods			11.0	<input checked="" type="checkbox"/>		
1.3	<input checked="" type="checkbox"/>	Acceptable Containers and Labelling		3.6		<input checked="" type="checkbox"/>		7.3	<input checked="" type="checkbox"/> Handling Methods			11.1		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4	<input checked="" type="checkbox"/> Manual Dishwashing			11.2		<input checked="" type="checkbox"/>	
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"/>	
2.2	<input checked="" type="checkbox"/>	Frozen Storage		4.2	<input checked="" type="checkbox"/> Advance Preparation			8.0	CLEANING AND SANITIZING			12.0		<input checked="" type="checkbox"/>	
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"/>	
2.4	<input checked="" type="checkbox"/>	Refrigerated Storage (Methods)		5.1	<input checked="" type="checkbox"/> Record Keeping			8.2	<input checked="" type="checkbox"/> Detergents and Chemical Use and Storage			12.2		<input checked="" type="checkbox"/>	
2.5	<input checked="" type="checkbox"/>	Refrigerated Storage (Space)		5.2	<input checked="" type="checkbox"/> Recall of Food			9.0	SANITARY FACILITIES			13.0		<input checked="" type="checkbox"/>	
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"/>	
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 Stations(s)			13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2	<input checked="" type="checkbox"/> Employee Health			10.0	FLOORS, WALLS AND CEILING			13.3		<input checked="" type="checkbox"/>	
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
7.1	<input checked="" type="checkbox"/>			non-food contact surface (oven) needs cleaning (cavity).	
11.1	<input checked="" type="checkbox"/>			potable water sample due for lab analysis	next insp

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: 14 Dec 2020

Re-inspection Required: Yes No

If Yes, Date: _____

Received by: _____

Inspector Signature: _____