

FOOD PREMISES INSPECTION FORM

Name of Premises: Kingway Residence

Licence #: 07-00915

Operator: _____

Type: Class 3 Class 3 WH Class 4 Class 5

Address: 228 Kingways Street
Moncton, N.B.

Additional Info: PM TE Catering

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				3.3		<input checked="" type="checkbox"/>		7.0				10.2			<input checked="" type="checkbox"/>
	FOOD								FOOD EQUIPMENT AND UTENSILS						
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3			<input checked="" type="checkbox"/>
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		11.0			
													WATER SUPPLY AND WASTE DISPOSAL		
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1			<input checked="" type="checkbox"/>
2.0				4.0				7.4		<input checked="" type="checkbox"/>		11.2			<input checked="" type="checkbox"/>
	FOOD STORAGE				FOOD DISPLAY AND SERVICE										
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3			<input checked="" type="checkbox"/>
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0				12.0			
									CLEANING AND SANITIZING				LIGHTING AND VENTILATION		
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.1			<input checked="" type="checkbox"/>
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2			<input checked="" type="checkbox"/>
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0				13.0			
									SANITARY FACILITIES				GENERAL		
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.1			<input checked="" type="checkbox"/>
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2			<input checked="" type="checkbox"/>
3.0				6.2		<input checked="" type="checkbox"/>		10.0				13.3			
	FOOD PREPARATION AND HANDLING								FLOORS, WALLS AND CEILINGS						
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>		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

Green
 Light Yellow
 Dark Yellow
 Striped Red
 Red

Date of Inspection: 21/10/2021
 Re-inspection Required: Yes No

If Yes, Date: _____
 Receiver: _____
 Signature: _____

White - Office; Yellow - Operator; Blue - Copy for Posting WH - With Handling; PM - Public Market; TE - Temporary Event 119