

## FOOD PREMISES INSPECTION FORM

Name of Establishment: Bathurst Superstore #357  
 Operator: \_\_\_\_\_  
 Address: 700 St-Peter Ave Bathurst

Licence #: 60-00430 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			
<b>1.0</b>	<b>FOOD</b>			3.3				Holding Methods	<b>7.0</b>	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2		<input checked="" type="checkbox"/>		Walls (Construction and Maintenance)	
1.1				3.4				Cooling Methods	7.1		<input checked="" type="checkbox"/>		10.3				Ceiling (Construction and Maintenance)	
1.2				3.5				Re-heating Methods	7.2				<b>11.0</b>	<b>WATER SUPPLY AND WASTE DISPOSAL</b>				
1.3				3.6				Handling Methods	7.3				11.1				Water (Quality and Quantity)	
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>			7.4				11.2				Sewage Disposal		
2.1				4.1				Display Methods	7.5				11.3				Solid Waste Handling	
2.2				4.2				Advance Preparation	<b>8.0</b>	<b>CLEANING AND SANITIZING</b>			<b>12.0</b>	<b>LIGHTING AND VENTILATION</b>				
2.3				5.0	<b>RECORD KEEPING AND RECALLS</b>			8.1				12.1					Lighting	
2.4				5.1				Record Keeping	8.2				12.2				Ventilation	
2.5				5.2				Recall of Food	<b>9.0</b>	<b>SANITARY FACILITIES</b>			<b>13.0</b>	<b>GENERAL</b>				
2.6				6.0	<b>PERSONNEL</b>			9.1				13.1					Licence	
2.7				6.1				Demonstrating Knowledge	9.2				13.2					Rodent and Insect Control
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2				Employee Health	<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>			13.3					Other Infractions/Hazards
3.1				6.3				Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>							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

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>March 12, 2020</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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