

## Food Premises Inspection Report

<b>Name of Premise:</b> Moxon's Country Pumpkin  <b>Address:</b> 911 Route 105 Maugerville NB	<b>Licence #:</b> 03-00918 <b>Type:</b> Class/Classe 4 <b>Category:</b> Compliance <b>Water Supply:</b> Private <b>Date of Inspection:</b> June 16, 2021
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Item no.	Description	CDI	R
<b>1.0 FOOD</b>			
1.1	S Approved Source	<input type="checkbox"/>	<input type="checkbox"/>
1.2	S Purchasing and Receiving	<input type="checkbox"/>	<input type="checkbox"/>
1.3	S Acceptable Containers and Labeling	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.0 FOOD STORAGE</b>			
2.1.	S Storage of Potentially Hazardous Foods	<input type="checkbox"/>	<input type="checkbox"/>
2.2.	S Frozen Storage	<input type="checkbox"/>	<input type="checkbox"/>
2.3.	S Refrigerated Storage (Temperature)	<input type="checkbox"/>	<input type="checkbox"/>
2.4.	S Refrigerated Storage (Methods)	<input type="checkbox"/>	<input type="checkbox"/>
2.5.	S Refrigerated Storage (Space)	<input type="checkbox"/>	<input type="checkbox"/>
2.6.	S Dry Storage	<input type="checkbox"/>	<input type="checkbox"/>
2.7.	S Storage of Food for Staff	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.0 FOOD PREPARATION AND HANDLING</b>			
3.1.	N.O. Thawing Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.2.	S Cooking Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.3.	N.O. Holding Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.4.	S Cooling Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.5.	N.O. Re-heating Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.6.	S Handling Methods	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.0 FOOD DISPLAY AND SERVICE</b>			
4.1.	N.O. Display Methods	<input type="checkbox"/>	<input type="checkbox"/>
4.2.	S Advance Preparation	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.0 RECORD KEEPING AND RECALLS</b>			
5.1.	N.O. Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>
5.2.	N.O. Recall of Food	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.0 PERSONNEL</b>			
6.1.	S Demonstrating Knowledge	<input type="checkbox"/>	<input type="checkbox"/>
6.2.	S Employee Health	<input type="checkbox"/>	<input type="checkbox"/>
6.3.	S Personal Hygiene Practices	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.0 FOOD EQUIPMENT AND UTENSILS</b>			
7.1.	S Food Equipment (Design, Construction, Installation and Maintenance)	<input type="checkbox"/>	<input type="checkbox"/>
7.2.	S Food Contact Surfaces	<input type="checkbox"/>	<input type="checkbox"/>
7.3.	S Mechanical Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.4.	S Manual Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.5.	S Eating Utensils and Dishes	<input type="checkbox"/>	<input type="checkbox"/>

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### 8.0 CLEANING AND SANITIZING

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|------|---|---|--------------------------|--------------------------|
| 8.1. | S | Cleaning and Sanitizing                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.2. | S | Detergents and Chemical Use and Storage | <input type="checkbox"/> | <input type="checkbox"/> |

### 9.0 SANITARY FACILITIES

- |      |   |                         |                          |                          |
|------|---|-------------------------|--------------------------|--------------------------|
| 9.1. | S | Washroom(s)             | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2. | S | Hand Washing Station(s) | <input type="checkbox"/> | <input type="checkbox"/> |

### 10.0 FLOORS, WALLS AND CEILINGS

- |       |   |  |                          |                          |
|-------|---|--|--------------------------|--------------------------|
| 10.1. | S | Floors (Construction and Maintenance)    | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2. | S | Walls (Construction and Maintenance)     | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3. | S | Ceilings (Constructions and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |

### 11.0 WATER SUPPLY AND WASTE DISPOSAL

- |       |   |                              |                          |                          |
|-------|---|------------------------------|--------------------------|--------------------------|
| 11.1. | S | Water (Quality and Quantity) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.2. | S | Sewage Disposal              | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.3. | S | Solid Waste Handling         | <input type="checkbox"/> | <input type="checkbox"/> |

### 12.0 LIGHTING AND VENTILATION

- |       |   |             |                          |                          |
|-------|---|-------------|--------------------------|--------------------------|
| 12.1. | S | Lighting    | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.2. | S | Ventilation | <input type="checkbox"/> | <input type="checkbox"/> |

### 13.0 GENERAL

- |       |   |                           |                          |                          |
|-------|---|---------------------------|--------------------------|--------------------------|
| 13.1. | S | Licence                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.2. | S | Rodent and Insect Control | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.3. | S | Other Infractions/Hazards | <input type="checkbox"/> | <input type="checkbox"/> |

*N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory MI - Minor infraction; MA - Major infraction; CR - Critical infraction, CDI - Corrected During Inspection, R - Repeated infraction*

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item	MI /MA/ CR	Remarks	Date for correction
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### CLOSING COMMENTS

No infractions noted at the time of inspection.

**Rating color**

**Green/Vert**