

FOOD PREMISES INSPECTION FORM

Name of Premises: Compass Rose
 Operator: _____
 Address: 65 Route 776 Grand Manan

Licence #: 02-02655 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		/		7.0	FOOD EQUIPMENT AND UTENSILS			10.2		/	
1.1	/			3.4		/		7.1	/			10.3		/	
1.2	/			3.5		/		7.2	/			11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3	/			3.6		/		7.3	/			11.1		/	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4	/			11.2		/	
2.1	/			4.1	/			7.5	/			11.3		/	
2.2	/			4.2	/			8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3	/			5.0	RECORD KEEPING AND RECALLS			8.1	/			12.1		/	
2.4	/			5.1	/			8.2	/			12.2		/	
2.5	/			5.2	/			9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6	/			6.0	PERSONNEL			9.1	/			13.1		/	
2.7	/			6.1	/			9.2	/			13.2	/		
3.0	FOOD PREPARATION AND HANDLING			6.2	/			10.0	FLOORS, WALLS AND CEILINGS			13.3	/		
3.1	/			6.3	/			10.1	/						
3.2	/														

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

Re-inspection Required: Yes No
 If Yes, Date: _____

Date of Inspection: July 11/18

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 HEALTH PH INSPECTION
 07/09/2018 16:07
 505-466-7908