

FOOD PREMISES INSPECTION FORM



Name of Premises: Amsterdam Inn + Suites
 Operator: [Redacted]
 Address: 2550 Mountain Rd.
Moncton, NB

Licence #: 01-02662 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				3.3	<input checked="" type="checkbox"/>			7.0				10.2		<input checked="" type="checkbox"/>	
FOOD				3.4		<input checked="" type="checkbox"/>		FOOD EQUIPMENT AND UTENSILS				10.3		<input checked="" type="checkbox"/>	
1.1		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		WATER SUPPLY AND WASTE DISPOSAL			
		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		FOOD STORAGE				4.0		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.0		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		LIGHTING AND VENTILATION			
2.1		<input checked="" type="checkbox"/>		FOOD DISPLAY AND SERVICE				5.0		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		GENERAL			
2.4		<input checked="" type="checkbox"/>		RECORD KEEPING AND RECALLS				6.0		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		6.2		<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		PERSONNEL				10.0		<input checked="" type="checkbox"/>		FLOORS, WALLS AND CEILING			
3.0		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>		Other Infractions/Hazards			
3.1		<input checked="" type="checkbox"/>		6.2		<input checked="" type="checkbox"/>									
3.2		<input checked="" type="checkbox"/>		6.3		<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
				No requirements at time of inspection.	

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: Sept 21, 2018

Re-inspection Required: Yes No
 If Yes, Date: N/A