

FOOD PREMISES INSPECTION FORM

Name of Premises: ACORN RESTAURANT
 Operator: _____
 Address: ID Route 1635 Lake George N.B.

Licence #: 3-01539 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
1.0	FOOD			3.3				10.2			
1.1	Approved Source			3.4				10.3			
1.2	Purchasing and Receiving			3.5				11.0			
1.3	Acceptable Containers and Labeling			3.6				11.1			
2.0	FOOD STORAGE			4.0				11.2			
2.1	Storage of Potentially Hazardous Foods			4.1				11.3			
2.2	Frozen Storage			4.2				12.0			
2.3	Refrigerated Storage (Temperature)			5.0				12.1			
2.4	Refrigerated Storage (Methods)			5.1				12.2			
2.5	Refrigerated Storage (Space)			5.2				13.0			
2.6	Dry Storage			6.0				13.1			
2.7	Storage of Food for Staff			6.1				13.2			
3.0	FOOD PREPARATION AND HANDLING			6.2				13.3			
3.1	Thawing Methods			6.3							
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
				Instructions on inspection report dated October 14, 2020 are corrected.	

Green
 Light Yellow
 Striped Red
 Dark Yellow
 Red

Date of Inspection: October 28, 2020
 Re-inspection Required: Yes No
 If Yes, Date: _____
 Inspected by: _____
 Inspector Signature: _____