

### FOOD PREMISES INSPECTION FORM

**Name of Premises:** Tobique River Trading Co.  
**Operator:** Tobique River Trading Co.  
**Address:** 1094 Perth Main St.

**Licence #:** 32-00412

**Category:**  Routine  Re-inspection  New Licence  Complaint  CD Follow-up Inspection  
**Water Supply:**  Private  Municipal

**Type:**  Class 3  Class 4  Class 5



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		<input checked="" type="checkbox"/>		7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>	
1.1	Approved Source			3.4		<input checked="" type="checkbox"/>		7.1	Food Equipment (Design, Construction, Installation and Maintenance)			10.3		<input checked="" type="checkbox"/>	
1.2	Purchasing and Receiving			3.5		<input checked="" type="checkbox"/>		7.2	Food Contact Surfaces			11.0	WATER SUPPLY AND WASTE DISPOSAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.3	Acceptable Containers and Labeling			3.6		<input checked="" type="checkbox"/>		7.3	Mechanical Dishwashing	<input checked="" type="checkbox"/>		11.1	Water (Quality and Quantity)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4	Manual Dishwashing	<input checked="" type="checkbox"/>		11.2	Sewage Disposal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.1	Storage of Potentially Hazardous Foods			4.1	Display Methods			7.5	Eating Utensils and Dishes	<input checked="" type="checkbox"/>		11.3	Solid Waste Handling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2	Frozen Storage			4.2	Advance Preparation			8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.3	Refrigerated Storage (Temperature)			5.0	RECORD KEEPING AND RECALLS			8.1	Cleaning and Sanitizing	<input checked="" type="checkbox"/>		12.1	Lighting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.4	Refrigerated Storage (Methods)			5.1	Record Keeping		<input checked="" type="checkbox"/>	8.2	Detergents and Chemical Use and Storage	<input checked="" type="checkbox"/>		12.2	Ventilation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.5	Refrigerated Storage (Space)			5.2	Recall of Food			9.0	SANITARY FACILITIES			13.0	GENERAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.6	Dry Storage			6.0	PERSONNEL			9.1	Washroom(s)	<input checked="" type="checkbox"/>		13.1	Licence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.7	Storage of Food for Staff			6.1	Demonstrating Knowledge			9.2	Hand Washing Station(s)	<input checked="" type="checkbox"/>		13.2	Rodent and Insect Control	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.0	FOOD PREPARATION AND HANDLING			6.2	Employee Health			10.0	FLOORS, WALLS AND CEILINGS	<input checked="" type="checkbox"/>		13.3	Other Infractions/Hazards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.1	Thawing Methods			6.3	Personal Hygiene Practices			10.1	Floors (Construction and Maintenance)	<input checked="" type="checkbox"/>					
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
				<u>No requirements at time of inspection.</u>	
				<u>No objection to the issuance of a liquor license for consumption.</u>	

Green  Dark Yellow  Red

Light Yellow  Red

**Date of Inspection:** 2020-11-02

**Re-inspection Required:**  Yes  No

**If Yes, Date:** \_\_\_\_\_

**Received by:** \_\_\_\_\_