

FOOD PREMISES INSPECTION FORM

Name of Premises: Hattie's Cafeteria
 Operator: Hattie's Foods Inc.
 Address: 1 Factory Lane, Suite 107, Moncton

Licence #: 01-02701 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.0 | FOOD EQUIPMENT AND UTENSILS | | | 10.2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.1 | | <input checked="" type="checkbox"/> | | 3.4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.1 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10.3 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | | <input checked="" type="checkbox"/> | | 3.5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.2 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11.0 WATER SUPPLY AND WASTE DISPOSAL | | | |
| 1.3 | | <input checked="" type="checkbox"/> | | 3.6 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7.3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11.1 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.0 | FOOD STORAGE | | | 4.0 | FOOD DISPLAY AND SERVICE | | | 7.4 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11.2 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.1 | | <input checked="" type="checkbox"/> | | 4.1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7.5 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11.3 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.2 | | <input checked="" type="checkbox"/> | | 4.2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8.0 | CLEANING AND SANITIZING | | | 12.0 LIGHTING AND VENTILATION | | | |
| 2.3 | | <input checked="" type="checkbox"/> | | 5.0 | RECORD KEEPING AND RECALLS | | | 8.1 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12.1 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.4 | | <input checked="" type="checkbox"/> | | 5.1 | | <input type="checkbox"/> | <input type="checkbox"/> | 8.2 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12.2 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.5 | | <input checked="" type="checkbox"/> | | 5.2 | | <input type="checkbox"/> | <input type="checkbox"/> | 9.0 | SANITARY FACILITIES | | | 13.0 GENERAL | | | |
| 2.6 | | <input checked="" type="checkbox"/> | | 6.0 | PERSONNEL | | | 9.1 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 13.1 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.7 | | <input checked="" type="checkbox"/> | | 6.1 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9.2 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 13.2 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.0 | FOOD PREPARATION AND HANDLING | | | 6.2 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10.0 | FLOORS, WALLS AND CEILINGS | | | 13.3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 | | <input checked="" type="checkbox"/> | | 6.3 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10.1 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | |
| 3.2 | | <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 |
|--------------------|-------------------------------------|-------------------------------------|----|--|---------------------|
| 8.1 | | <input checked="" type="checkbox"/> | | Sanitizer was Below 200ppm during inspection | Corrected. |
| 8.1 7.4 | <input checked="" type="checkbox"/> | | | the sanitizer machine needs to be refilled. | Next insp. |
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Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: 2 March 2019
 Re-inspection Required: Yes No
 If Yes, Date: