

FOOD PREMISES INSPECTION FORM

Name of Establishment: The Bakery of Cranewood
 Operator: _____
 Address: 113 Main Street Sackville NB

Licence #: 01-02210 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"/>		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2			Walls (Construction and Maintenance)
1.1				3.4				Cooling Methods	7.1			10.3			Ceiling (Constructions and Maintenance)	
1.2				3.5				Re-heating Methods	7.2			11.0	WATER SUPPLY AND WASTE DISPOSAL			
1.3				3.6				Handling Methods	7.3			11.1			Water (Quality and Quantity)	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4				11.2			Sewage Disposal	
2.1				4.1				Storage of Potentially Hazardous Foods	7.5			11.3			Solid Waste Handling	
2.2				4.2				Frozen Storage	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			8.1				12.1			Lighting	
2.4		<input checked="" type="checkbox"/>		5.1				Refrigerated Storage (Temperature)	8.2			12.2			Ventilation	
2.5				5.2				Refrigerated Storage (Methods)	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.1				13.1			Licence	
2.7				6.1				Dry Storage	9.2			13.2			Rodent and Insect Control	
3.0	FOOD PREPARATION AND HANDLING			6.2				Storage of Food for Staff	10.0	FLOORS, WALLS AND CEILINGS			13.3			Other Infractions/Hazards
3.1				6.3				Demonstrating Knowledge	10.1							
3.2								Employee Health								
								Personal Hygiene Practices								

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>infraction 2.3(x2), 3.3, 2.4, 2.6 corrected</u>	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<u>Dec 10, 2018</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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