

FOOD PREMISES INSPECTION FORM

Name of Premises: Blue Beacon Take-out
 Operator: _____
 Address: 165 Black Point Rd.,
Black point, NB

Licence #: 05-00045 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				7.0				10.2			
FOOD				Holding Methods				FOOD EQUIPMENT AND UTENSILS				Walls (Construction and Maintenance)			
1.1		<input checked="" type="checkbox"/>		3.4	<input checked="" type="checkbox"/>			7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		Cooling Methods				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Constructions and Maintenance)			
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		11.0 WATER SUPPLY AND WASTE DISPOSAL			
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3	<input checked="" type="checkbox"/>			11.1		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		Re-heating Methods				Food Contact Surfaces				Water (Quality and Quantity)			
2.0				4.0				7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
FOOD STORAGE				FOOD DISPLAY AND SERVICE				Manual Dishwashing				Sewage Disposal			
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods				Eating Utensils and Dishes				Solid Waste Handling			
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0 CLEANING AND SANITIZING				12.0 LIGHTING AND VENTILATION			
		<input checked="" type="checkbox"/>		Frozen Storage				Cleaning and Sanitizing				Lighting			
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)				Detergents and Chemical Use and Storage				Ventilation			
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		Record Keeping				Sanitary Facilities				13.0 GENERAL			
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)				Washroom(s)				Licence			
2.6		<input checked="" type="checkbox"/>		6.0				9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		PERSONNEL				Hand Washing Station(s)				Rodent and Insect Control			
3.0				6.1		<input checked="" type="checkbox"/>		10.0 FLOORS, WALLS AND CEILINGS				Other Infractions/Hazards			
		<input checked="" type="checkbox"/>		Demonstrating Knowledge				Floors (Construction and Maintenance)							
3.1		<input checked="" type="checkbox"/>		6.2		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>		Employee Health											
3.2		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>		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

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>June 22, 2021</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Received by: _____	Inspector Signature: _____
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