

FOOD PREMISES INSPECTION FORM

Name of Premises: Islandview Specialcare Home

License #: 07-00710

Operator: S O Toole

Address: M'Connell's NB

- Type: Class 3 Class 3 WH Class 4 Class 5
- Additional Info: PM TE Catering
- Category: Routine Re-Inspection New Licence Other
- 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 | | | | 7.0 | FOOD EQUIPMENT AND UTENSILS | | | 10.2 | | | |
| 1.1 | | <input checked="" type="checkbox"/> | | 3.4 | | | | 7.1 | | <input checked="" type="checkbox"/> | | 10.3 | | | |
| 1.2 | | <input checked="" type="checkbox"/> | | 3.5 | | | | 7.2 | | <input checked="" type="checkbox"/> | | 11.0 | | | |
| 1.3 | | <input checked="" type="checkbox"/> | | 3.6 | | | | 7.3 | | <input checked="" type="checkbox"/> | | 11.1 | | | |
| 2.0 | FOOD STORAGE | | | 4.0 | | | | 7.4 | | <input checked="" type="checkbox"/> | | 11.2 | | | |
| 2.1 | | <input checked="" type="checkbox"/> | | 4.1 | | | | 7.5 | | <input checked="" type="checkbox"/> | | 11.3 | | | |
| 2.2 | | <input checked="" type="checkbox"/> | | 4.2 | | | | 8.0 | | <input checked="" type="checkbox"/> | | 12.0 | | | |
| 2.3 | | <input checked="" type="checkbox"/> | | 5.0 | | | | 8.1 | | <input checked="" type="checkbox"/> | | 12.1 | | | |
| 2.4 | | <input checked="" type="checkbox"/> | | 5.1 | | | | 8.2 | | <input checked="" type="checkbox"/> | | 12.2 | | | |
| 2.5 | | <input checked="" type="checkbox"/> | | 5.2 | | | | 9.0 | | <input checked="" type="checkbox"/> | | 13.0 | | | |
| 2.6 | | <input checked="" type="checkbox"/> | | 6.0 | | | | 9.1 | | <input checked="" type="checkbox"/> | | 13.1 | | | |
| 2.7 | | <input checked="" type="checkbox"/> | | 6.1 | | | | 9.2 | | <input checked="" type="checkbox"/> | | 13.2 | | | |
| 3.0 | FOOD PREPARATION AND HANDLING | | | 6.2 | | | | 10.0 | | <input checked="" type="checkbox"/> | | 13.3 | | | |
| 3.1 | | <input checked="" type="checkbox"/> | | 6.3 | | | | 10.1 | | <input checked="" type="checkbox"/> | | | | | |
| 3.2 | | <input checked="" type="checkbox"/> | | | | | | | | | | | | | |

M.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction

Item No. MI MA CR Remarks

Green Light Yellow Dark Yellow Red Striped Red

Re-inspection Required: Yes No

Date of Inspection: February 1, 2021 If Yes, Date: _____

Received by: _____ Inspector Signature: _____

White - Office; Yellow - Operator; Blue - Copy for Posting WH - With Handling; PM - Public Market; TE - Temporary Event

Date for Correction: 01/2019