

## Food Premises Inspection Report

|  |   |
|--|---|
| <b>Name of Premise:</b> Bird's Corner Store & Restaurant<br><br><b>Address:</b> 1002 Route 104<br>Burtts Corner NB | <b>Licence #:</b> 03-00079<br><b>Type:</b> Class/Classe 4<br><b>Category:</b> Follow-up<br><b>Water Supply:</b> Private<br><b>Date of Inspection:</b> September 7, 2021 |
|--|---|

| Item no.                                 | Description   | CDI                      | R                        |
|--|---|--------------------------|--------------------------|
| <b>1.0 FOOD</b>                          |   |                          |                          |
| 1.1                                      | N.O. Approved Source  | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2                                      | N.O. Purchasing and Receiving   | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3                                      | N.O. Acceptable Containers and Labeling                               | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2.0 FOOD STORAGE</b>                  |   |                          |                          |
| 2.1                                      | N.O. Storage of Potentially Hazardous Foods                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2                                      | N.O. Frozen Storage   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3                                      | N.O. Refrigerated Storage (Temperature)                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4                                      | N.O. Refrigerated Storage (Methods)                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5                                      | N.O. Refrigerated Storage (Space)                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.6                                      | N.O. Dry Storage  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7                                      | N.O. Storage of Food for Staff  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3.0 FOOD PREPARATION AND HANDLING</b> |   |                          |                          |
| 3.1                                      | N.O. Thawing Methods  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2                                      | N.O. Cooking Methods  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3                                      | N.O. Holding Methods  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4                                      | N.O. Cooling Methods  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.5                                      | N.O. Re-heating Methods   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.6                                      | N.O. Handling Methods   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4.0 FOOD DISPLAY AND SERVICE</b>      |   |                          |                          |
| 4.1                                      | N.O. Display Methods  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2                                      | N.O. Advance Preparation  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5.0 RECORD KEEPING AND RECALLS</b>    |   |                          |                          |
| 5.1                                      | N.O. Record Keeping   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2                                      | N.O. Recall of Food   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6.0 PERSONNEL</b>                     |   |                          |                          |
| 6.1                                      | N.O. Demonstrating Knowledge  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2                                      | N.O. Employee Health  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3                                      | N.O. Personal Hygiene Practices                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>7.0 FOOD EQUIPMENT AND UTENSILS</b>   |   |                          |                          |
| 7.1                                      | S Food Equipment (Design, Construction, Installation and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2                                      | N.O. Food Contact Surfaces  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3                                      | N.O. Mechanical Dishwashing   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.4                                      | N.O. Manual Dishwashing   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.5                                      | N.O. Eating Utensils and Dishes                                       | <input type="checkbox"/> | <input type="checkbox"/> |



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|                         |                                  |                   |          |
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## 8.0 CLEANING AND SANITIZING

- 8.1 N.O. Cleaning and Sanitizing
- 8.2 N.O. Detergents and Chemical Use and Storage

## 9.0 SANITARY FACILITIES

- 9.1 N.O. Washroom(s)
- 9.2 N.O. Hand Washing Station(s)

## 10.0 FLOORS, WALLS AND CEILINGS

- 10.1 N.O. Floors (Construction and Maintenance)
- 10.2 N.O. Walls (Construction and Maintenance)
- 10.3 N.O. Ceilings (Constructions and Maintenance)

## 11.0 WATER SUPPLY AND WASTE DISPOSAL

- 11.1 N.O. Water (Quality and Quantity)
- 11.2 N.O. Sewage Disposal
- 11.3 N.O. Solid Waste Handling

## 12.0 LIGHTING AND VENTILATION

- 12.1 N.O. Lighting
- 12.2 N.O. Ventilation

## 13.0 GENERAL

- 13.1 N.O. Licence
- 13.2 N.O. Rodent and Insect Control
- 13.3 N.O. Other Infractions/Hazards

*N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory MI - Minor infraction; MA - Major infraction; CR - Critical infraction, CDI - Corrected During Inspection, R - Repeated infraction*

## OBSERVATIONS AND CORRECTIVE ACTIONS

| Item | MI /MA/ CR | Remarks | Date for correction |
|------|------------|---------|---------------------|
|------|------------|---------|---------------------|

## CLOSING COMMENTS

Previously noted deficiency has been corrected.

**Rating color**

**Green**