

FOOD PREMISES INSPECTION FORM

Name of Premises: House of Chen
 Operator: _____
 Address: McAllister Mill, Saint John

Licence #: _____ 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		<input checked="" type="checkbox"/>		7.0				10.2		<input checked="" type="checkbox"/>	
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"/>	
				Approved Source				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"/>		WATER SUPPLY AND WASTE DISPOSAL			
				Purchasing and Receiving				Food Contact Surfaces				Water (Quality and Quantity)			
1.3			<input checked="" type="checkbox"/>	3.6		<input checked="" type="checkbox"/>		7.3	<input checked="" type="checkbox"/>			11.1		<input checked="" type="checkbox"/>	
				Acceptable Containers and Labeling				Mechanical Dishwashing				Sewage Disposal			
2.0				FOOD STORAGE				FOOD DISPLAY AND SERVICE				Solid Waste Handling			
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
				Storage of Potentially Hazardous Foods				Display Methods				Lighting and Ventilation			
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
				Frozen Storage				Advance Preparation				Cleaning and Sanitizing			
2.3			<input checked="" type="checkbox"/>	5.0				8.0		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
				Refrigerated Storage (Temperature)				RECORD KEEPING AND RECALLS				Lighting			
2.4				5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
				Refrigerated Storage (Methods)				Record Keeping				Ventilation			
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0				GENERAL			
				Refrigerated Storage (Space)				Recall of Food				Licence			
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
				Dry Storage				PERSONNEL				Rodent and Insect Control			
2.7				6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
				Storage of Food for Staff				Demonstrating Knowledge				Other Infractions/Hazards			
3.0				6.2		<input checked="" type="checkbox"/>		10.0				13.3		<input checked="" type="checkbox"/>	
				FOOD PREPARATION AND HANDLING				Employee Health				Floors (Construction and Maintenance)			
3.1	<input checked="" type="checkbox"/>			6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					
				Thawing Methods				Personal Hygiene Practices							
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
2.3	<input checked="" type="checkbox"/>			Have temperature logs for fridges and hot holding completed and available onsite.	Immediate
1.3	<input checked="" type="checkbox"/>			Keep chicken balls stored in a container with a lid to prevent cross contamination.	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<p><u>Dec 18/19</u> Date of Inspection:</p>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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