

FOOD PREMISES INSPECTION FORM

Name of Premises: NAPAN Tasty Treats

Licence #: 07-00650

Operator: _____

Type: Class 3 Class 3 WH Class 4 Class 5

Address: 767 North Napan Road
Napan, N.B.

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		<input checked="" type="checkbox"/>		Holding Methods	7.0				FOOD EQUIPMENT AND UTENSILS	10.2		<input checked="" type="checkbox"/>		Walls (Construction and Maintenance)
1.1		<input checked="" type="checkbox"/>		Approved Source	3.4	<input checked="" type="checkbox"/>			Cooling Methods	7.1		<input checked="" type="checkbox"/>		Food Equipment (Design, Construction, Installation and Maintenance)	10.3		<input checked="" type="checkbox"/>		Ceilings (Constructions and Maintenance)
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.5	<input checked="" type="checkbox"/>			Re-heating Methods	7.2		<input checked="" type="checkbox"/>		Food Contact Surfaces	11.0				WATER SUPPLY AND WASTE DISPOSAL
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3	<input checked="" type="checkbox"/>			Mechanical Dishwashing	11.1		<input checked="" type="checkbox"/>		Water (Quality and Quantity)
2.0				FOOD STORAGE	4.0				FOOD DISPLAY AND SERVICE	7.4		<input checked="" type="checkbox"/>		Manual Dishwashing	11.2		<input checked="" type="checkbox"/>		Sewage Disposal
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>		Eating Utensils and Dishes	11.3		<input checked="" type="checkbox"/>		Solid Waste Handling
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0				CLEANING AND SANITIZING	12.0				LIGHTING AND VENTILATION
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	5.0				RECORD KEEPING AND RECALLS	8.1		<input checked="" type="checkbox"/>		Cleaning and Sanitizing	12.1		<input checked="" type="checkbox"/>		Lighting
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	5.1		<input checked="" type="checkbox"/>		Record Keeping	8.2		<input checked="" type="checkbox"/>		Detergents and Chemical Use and Storage	12.2		<input checked="" type="checkbox"/>		Ventilation
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	5.2		<input checked="" type="checkbox"/>		Recall of Food	9.0				SANITARY FACILITIES	13.0				GENERAL
2.6		<input checked="" type="checkbox"/>		Dry Storage	6.0				PERSONNEL	9.1		<input checked="" type="checkbox"/>		Washroom(s)	13.1		<input checked="" type="checkbox"/>		Licence
2.7		<input checked="" type="checkbox"/>		Storage of Food for Staff	6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		Hand Washing Station(s)	13.2		<input checked="" type="checkbox"/>		Rodent and Insect Control
3.0				FOOD PREPARATION AND HANDLING	6.2		<input checked="" type="checkbox"/>		Employee Health	10.0				FLOORS, WALLS AND CEILINGS	13.3				Other Infractions/Hazards
3.1	<input checked="" type="checkbox"/>			Thawing Methods	6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>		Floors (Construction and Maintenance)					
3.2	<input checked="" type="checkbox"/>			Cooking Methods															

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

Green Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: 17/05/2021

Re-inspection Required: Yes No

If Yes, Date: _____ Received by: _____

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