

FOOD PREMISES INSPECTION FORM



Name of Premises: CIRCLE K #2132
 Operator: _____
 Address: P Millennium DRIVE
QUISPHELS, NB

Licence #: 02-02610
 Type: Class 3 Class 4 Class 5
 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"/>	<input checked="" type="checkbox"/>	Walls (Construction and Maintenance)
1.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Approved Source	3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food Equipment (Design, Construction, Installation and Maintenance)	10.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ceilings (Constructions and Maintenance)
1.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Purchasing and Receiving	3.5		<input checked="" type="checkbox"/>		Re-heating Methods	7.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food Contact Surfaces	11.0				WATER SUPPLY AND WASTE DISPOSAL
1.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Acceptable Containers and Labeling	3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3		<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	Manual Dishwashing	11.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage Disposal
2.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Storage of Potentially Hazardous Foods	4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Eating Utensils and Dishes	11.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Solid Waste Handling
2.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Frozen Storage	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0			<input checked="" type="checkbox"/>	CLEANING AND SANITIZING	12.0				LIGHTING AND VENTILATION
2.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Refrigerated Storage (Temperature)	5.0				RECORD KEEPING AND RECALLS	8.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cleaning and Sanitizing	12.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lighting
2.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Refrigerated Storage (Methods)	5.1		<input checked="" type="checkbox"/>		Record Keeping	8.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Detergents and Chemical Use and Storage	12.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ventilation
2.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Refrigerated Storage (Space)	5.2		<input checked="" type="checkbox"/>		Recall of Food	9.0			<input checked="" type="checkbox"/>	SANITARY FACILITIES	13.0				GENERAL
2.6		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dry Storage	6.0				PERSONNEL	9.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Washroom(s)	13.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Licence
2.7		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Storage of Food for Staff	6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hand Washing Station(s)	13.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Rodent and Insect Control
3.0				FOOD PREPARATION AND HANDLING	6.2		<input checked="" type="checkbox"/>		Employee Health	10.0			<input checked="" type="checkbox"/>	FLOORS, WALLS AND CEILINGS	13.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other Infractions/Hazards
3.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thawing Methods	6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Floors (Construction and Maintenance)					
3.2		<input checked="" type="checkbox"/>	<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

Re-inspection Required: Yes No
 Date of Inspection: 6 Feb 2020
 If Yes, Date: _____