

Food Premises Inspection Report

Name of Premise: Charlene's Special Care Home Operator: Address: 44 Boucher Street Campbellton NB E3N 2P4	Licence #: 05-00608 Type: Class/Classe 4 Category: Compliance Water Supply: Municipal Date of Inspection: November 23, 2021
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Item no.	Description	CDI	R
1.0 FOOD			
1.1	S Approved Source	<input type="checkbox"/>	<input type="checkbox"/>
1.2	S Purchasing and Receiving	<input type="checkbox"/>	<input type="checkbox"/>
1.3	S Acceptable Containers and Labeling	<input type="checkbox"/>	<input type="checkbox"/>
2.0 FOOD STORAGE			
2.1	S Storage of Potentially Hazardous Foods	<input type="checkbox"/>	<input type="checkbox"/>
2.2	U Frozen Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3	S Refrigerated Storage (Temperature)	<input type="checkbox"/>	<input type="checkbox"/>
2.4	S Refrigerated Storage (Methods)	<input type="checkbox"/>	<input type="checkbox"/>
2.5	S Refrigerated Storage (Space)	<input type="checkbox"/>	<input type="checkbox"/>
2.6	S Dry Storage	<input type="checkbox"/>	<input type="checkbox"/>
2.7	S Storage of Food for Staff	<input type="checkbox"/>	<input type="checkbox"/>
3.0 FOOD PREPARATION AND HANDLING			
3.1	S Thawing Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.2	S Cooking Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.3	S Holding Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.4	S Cooling Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.5	S Re-heating Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.6	S Handling Methods	<input type="checkbox"/>	<input type="checkbox"/>
4.0 FOOD DISPLAY AND SERVICE			
4.1	S Display Methods	<input type="checkbox"/>	<input type="checkbox"/>
4.2	S Advance Preparation	<input type="checkbox"/>	<input type="checkbox"/>
5.0 RECORD KEEPING AND RECALLS			
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"/>
6.0 PERSONNEL			
6.1	S Demonstrating Knowledge	<input type="checkbox"/>	<input type="checkbox"/>
6.2	S Employee Health	<input type="checkbox"/>	<input type="checkbox"/>
6.3	S Personal Hygiene Practices	<input type="checkbox"/>	<input type="checkbox"/>
7.0 FOOD EQUIPMENT AND UTENSILS			
7.1	S Food Equipment (Design, Construction, Installation and Maintenance)	<input type="checkbox"/>	<input type="checkbox"/>
7.2	S Food Contact Surfaces	<input type="checkbox"/>	<input type="checkbox"/>
7.3	N.O. Mechanical Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.4	S Manual Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>

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7.5 S Eating Utensils and Dishes

8.0 CLEANING AND SANITIZING

8.1 S Cleaning and Sanitizing

8.2 S Detergents and Chemical Use and Storage

9.0 SANITARY FACILITIES

9.1 S Washroom(s)

9.2 S Hand Washing Station(s)

10.0 FLOORS, WALLS AND CEILINGS

10.1 S Floors (Construction and Maintenance)

10.2 S Walls (Construction and Maintenance)

10.3 S Ceilings (Constructions and Maintenance)

11.0 WATER SUPPLY AND WASTE DISPOSAL

11.1 S Water (Quality and Quantity)

11.2 S Sewage Disposal

11.3 S Solid Waste Handling

12.0 LIGHTING AND VENTILATION

12.1 S Lighting

12.2 S Ventilation

13.0 GENERAL

13.1 S Licence

13.2 S Rodent and Insect Control

13.3 S 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
2.2	MI	Freezers shall be kept in good repair, defrosted regularly, and kept clean	Corrected

Corrective Actions: CDI

CLOSING COMMENTS

Rating color: **Green**

Received By: Shelly Firth Witzke

Inspector Signature: Francoise Duguay, Public Health Inspector