

FOOD PREMISES INSPECTION FORM

Name of Premises: Three sisters
 Operator: _____
 Address: 289 Regent St
Fredericton

Licence #: DB-02054 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	FOOD			3.3				Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1				3.4				Cooling Methods	7.1				10.3			
1.2				3.5				Re-heating Methods	7.2				11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3				3.6				Handling Methods	7.3				11.1			
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4				11.2				
2.1				4.1				Display Methods	7.5				11.3			
2.2				4.2				Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3				5.0	RECORD KEEPING AND RECALLS			8.1				12.1				
2.4				5.1				Record Keeping	8.2				12.2			
2.5				5.2				Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6				6.0	PERSONNEL			9.1				13.1				
2.7				6.1				Demonstrating Knowledge	9.2				13.2			
3.0	FOOD PREPARATION AND HANDLING			6.2				Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1				6.3				Personal Hygiene Practices	10.1							
3.2								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
				Previous Discrepancies have been corrected	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>8 Dec 2017</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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