

# FOOD PREMISES INSPECTION FORM

Name of Premises: Cafe T' Cup Coffee  
 Operator: \_\_\_\_\_  
 Address: 296 rue Centrale  
Memramcook, NB.

Licence #: 01-02804 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		
1.0				<b>FOOD</b>	3.3	<input checked="" type="checkbox"/>			Holding Methods	7.0				<b>FOOD EQUIPMENT AND UTENSILS</b>	
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"/>		Food Equipment (Design, Construction, Installation 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	
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3	<input checked="" type="checkbox"/>			<b>11.0 WATER SUPPLY AND WASTE DISPOSAL</b>	
2.0				<b>FOOD STORAGE</b>	4.0				<b>FOOD DISPLAY AND SERVICE</b>	7.4		<input checked="" type="checkbox"/>		Manual Dishwashing	
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	
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0				<b>8.0 CLEANING AND SANITIZING</b>	
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	5.0				<b>RECORD KEEPING AND RECALLS</b>	8.1		<input checked="" type="checkbox"/>		Cleaning and Sanitizing	
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	5.1				Record Keeping	8.2		<input checked="" type="checkbox"/>		Detergents and Chemical Use and Storage	
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	5.2				Recall of Food	9.0				<b>9.0 SANITARY FACILITIES</b>	
2.6		<input checked="" type="checkbox"/>		Dry Storage	6.0				<b>PERSONNEL</b>	9.1		<input checked="" type="checkbox"/>		Washroom(s)	
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)	
3.0				<b>FOOD PREPARATION AND HANDLING</b>	6.2		<input checked="" type="checkbox"/>		Employee Health	10.0				<b>10.0 FLOORS, WALLS AND CEILINGS</b>	
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										13.0 <b>GENERAL</b>	
														13.1	Licence
														13.2	Rodent and Insect Control
														13.3	Other Infractions/Hazards

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

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<u>17-May-2018</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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