

FOOD PREMISES INSPECTION FORM

Name of Premises: Trinity Superstore #306
 Operator: Loblaws Inc.
 Address: 89 Trinity Dr
Moncton, NB

Licence #: 01-01802 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		<input checked="" type="checkbox"/>		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>	
1.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>	10.3		<input checked="" type="checkbox"/>		
1.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		Re-heating Methods	7.2		<input checked="" type="checkbox"/>	11.0 WATER SUPPLY AND WASTE DISPOSAL				
1.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3		<input checked="" type="checkbox"/>	11.1		<input checked="" type="checkbox"/>		
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>		
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>	11.3		<input checked="" type="checkbox"/>		
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0	CLEANING AND SANITIZING			12.0 LIGHTING AND VENTILATION			
2.3		<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>		
2.4		<input checked="" type="checkbox"/>		5.1				Record Keeping	8.2		<input checked="" type="checkbox"/>	12.2		<input checked="" type="checkbox"/>		
2.5		<input checked="" type="checkbox"/>		5.2				Recall of Food	9.0	SANITARY FACILITIES			13.0 GENERAL			
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>		
2.7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>	13.2		<input checked="" type="checkbox"/>		
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>					
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
10.1	<input checked="" type="checkbox"/>			Floors in Bakery, walking cooler requires cleaning. Food particles accumulated observed.	Immediate
10.2	<input checked="" type="checkbox"/>			Missing baseboard tiles near C.S. space wall in bakery area must be repaired. There is a hole in the wall that could potentially be a hiding place for pest.	as soon as possible

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	20-NOV-2018 Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:	
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