

FOOD PREMISES INSPECTION FORM

Name of Premises: Coraco Breakfast & Lunch
 Operator: _____
 Address: 3rd Level Brunswick Square,
Saint John

Licence #: 02-01499 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				Approved Source	7.1				10.3			
1.2				3.5				Purchasing and Receiving	7.2							
1.3				3.6				Acceptable Containers and Labeling	7.3				11.0	WATER SUPPLY AND WASTE DISPOSAL		
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4				11.1				
2.1				4.1				Storage of Potentially Hazardous Foods	7.5				11.2			
2.2				4.2				Frozen Storage	8.0	CLEANING AND SANITIZING			11.3			
2.3		<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			8.1			<input checked="" type="checkbox"/>		12.0	LIGHTING AND VENTILATION		
2.4		<input checked="" type="checkbox"/>		5.1				Refrigerated Storage (Temperature)	8.2				12.1			
2.5		<input checked="" type="checkbox"/>		5.2				Refrigerated Storage (Methods)	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6				6.0	PERSONNEL			9.1				13.1				
2.7				6.1				Dry Storage	9.2				13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2				Storage of Food for Staff	10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1				6.3				Thawing Methods	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
				<i>Violations 2.3, 2.4, 8.1, 8.1, 8.1 and 13.2 have been corrected</i>	
2.5	<input checked="" type="checkbox"/>			<i>The door handle of walk-in fridge is broken and needs to be fixed</i>	<i>Aug. 28, 2020</i>

<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>Mar. 6/2020</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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