

FOOD PREMISES INSPECTION FORM

Name of Premises: Java Moose - Prince William St Licence #: 02-01491 Type: Class 3 Class 4 Class 5
 Operator: _____ Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 Address: 84 Prince William Street, Saint John 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		✓					
1.3		✓		3.6		✓		Handling Methods	7.3		✓		11.0	WATER SUPPLY AND WASTE DISPOSAL		
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		✓		11.1		✓		Water (Quality and Quantity)
2.1		✓		4.1	✓			Display Methods	7.5		✓		11.2		✓	
2.2		✓		4.2	✓			Advance Preparation	8.0	CLEANING AND SANITIZING			11.3		✓	
2.3		✓		5.0	RECORD KEEPING AND RECALLS			8.1		✓		12.0	LIGHTING AND VENTILATION			
2.4		✓		5.1	✓			Record Keeping	8.2		✓		12.1		✓	
2.5		✓		5.2	✓			Recall of Food	9.0	SANITARY FACILITIES			12.2		✓	
2.6		✓		6.0	PERSONNEL			9.1		✓		13.0	GENERAL			
2.7		✓		6.1		✓		Demonstrating Knowledge	9.2		✓		13.1		✓	
3.0	FOOD PREPARATION AND HANDLING			6.2		✓		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.2		✓	
3.1		✓		6.3		✓		Personal Hygiene Practices	10.1		✓		13.3		✓	
3.2		✓														

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
2.4	✓			Raw Eggs were being stored above condiments in the sandwich prep refrigerator. Store raw product below ready to eat product to prevent cross contamination.	Nov 8, 2018

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<p style="font-size: 1.2em; font-weight: bold;">Nov 1, 2018</p> <p>Date of Inspection:</p>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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