

FOOD PREMISES INSPECTION FORM

Name of Premises: Peninsula Heritage Inc
 Operator: _____
 Address: 834 Route 845
Kingston, NB

Licence #: 02-02370 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"/>	<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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	5.1			<input checked="" type="checkbox"/>	Record Keeping	8.2		<input checked="" type="checkbox"/>	12.2			<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.2			<input checked="" type="checkbox"/>	Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	6.3			<input checked="" type="checkbox"/>	Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
3.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	Cooking Methods							<input checked="" type="checkbox"/>	

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
3.3				Hot holding temperatures were not being recorded. All hot holding temperatures shall be recorded on a every 4 hours during normal operation, and log sheets to be available for inspection review	Immediate

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No

Date of Inspection: 6 Aug 2019 If Yes, Date: _____