

FOOD PREMISES INSPECTION FORM

Name of Premises: Tim Horton's
 Operator: _____
 Address: 280 Kestigouche Rd
ORMOCO, NB.

Licence #: 03-01902 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		/		Cooling Methods	7.1		/		10.3		/	
1.2		/		3.5		/		Purchasing and Receiving	7.2		/		11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		/		3.6		/		Acceptable Containers and Labeling	7.3		/		11.1		/	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		/		11.2		/		
2.1		/		4.1		/		Storage of Potentially Hazardous Foods	7.5		/		11.3		/	
2.2		/		4.2		/		Frozen Storage	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		/		5.0	RECORD KEEPING AND RECALLS			8.1		/		12.1		/		
2.4		/		5.1	/			Refrigerated Storage (Temperature)	8.2		/		12.2		/	
2.5		/		5.2	/			Refrigerated Storage (Methods)	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6			X	6.0	PERSONNEL			9.1		/		13.1		/		
2.7		/		6.1		/		Refrigerated Storage (Space)	9.2		/	X	13.2		/	
3.0	FOOD PREPARATION AND HANDLING			6.2		/		Dry Storage	10.0	FLOORS, WALLS AND CEILINGS			13.3		/	
3.1		/		6.3		/		Storage of Food for Staff	10.1		/				/	
3.2		/						Thawing Methods								
								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
2.6	X			Foods shall be stored in a manner to prevent cross contamination, Sugar bag in dry storage was broken open and must be discarded.	Immediately.
9.2		X		Handwash stations shall not be used for any other purpose, staff were dumping coffee & sanitizer buckets in the handwash station at front counter	Corrected on going.

<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>10 Sep 2015</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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