

FOOD PREMISES INSPECTION FORM

Name of Premises: Tim Hortons
 Operator: _____
 Address: 10 McDonald St. Saint John

Licence #: 02-03084 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"/>		Walls (Construction and Maintenance)
1.1	<input checked="" type="checkbox"/>			3.4	<input checked="" type="checkbox"/>			Cooling Methods	7.1	<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>		Ceilings (Constructions and Maintenance)
1.2	<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"/>			3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3	<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>		Water (Quality and Quantity)
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4	<input checked="" type="checkbox"/>			11.2		<input checked="" type="checkbox"/>		Sewage Disposal
2.1	<input checked="" type="checkbox"/>			4.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	7.5	<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>		Solid Waste Handling
2.2	<input checked="" type="checkbox"/>			4.2		<input checked="" type="checkbox"/>		Frozen Storage	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"/>		Lighting
2.4	<input checked="" type="checkbox"/>			5.1		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	8.2		<input checked="" type="checkbox"/>	12.2		<input checked="" type="checkbox"/>		Ventilation
2.5	<input checked="" type="checkbox"/>			5.2		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	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"/>		Licence
2.7	<input checked="" type="checkbox"/>			6.1		<input checked="" type="checkbox"/>		Dry Storage	9.2		<input checked="" type="checkbox"/>	13.2		<input checked="" type="checkbox"/>		Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		Storage of Food for Staff	10.0	FLOORS, WALLS AND CEILINGS			13.3	<input checked="" type="checkbox"/>		Other Infractions/Hazards
3.1	<input checked="" type="checkbox"/>			6.3		<input checked="" type="checkbox"/>		Thawing Methods	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

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 If Yes, Date:

Nov 15, 2019

Date of Inspection: