

## Food Premises Inspection Report

<b>Name of Premise:</b> The Abbey Café  <b>Address:</b> 546 Queen Street Fredericton NB	<b>Licence #:</b> 03-01845 <b>Type:</b> Class/Classe 5 <b>Category:</b> Follow-up <b>Water Supply:</b> Unknown <b>Date of Inspection:</b> May 21, 2021
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Item no.	Description	CDI	R
<b>1.0 FOOD</b>			
1.1	S Approved Source	<input type="checkbox"/>	<input type="checkbox"/>
1.2	N.O. Purchasing and Receiving	<input type="checkbox"/>	<input type="checkbox"/>
1.3	S Acceptable Containers and Labeling	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.0 FOOD STORAGE</b>			
2.1.	S Storage of Potentially Hazardous Foods	<input type="checkbox"/>	<input type="checkbox"/>
2.2.	N.O. Frozen Storage	<input type="checkbox"/>	<input type="checkbox"/>
2.3.	N.O. Refrigerated Storage (Temperature)	<input type="checkbox"/>	<input type="checkbox"/>
2.4.	N.O. Refrigerated Storage (Methods)	<input type="checkbox"/>	<input type="checkbox"/>
2.5.	N.O. Refrigerated Storage (Space)	<input type="checkbox"/>	<input type="checkbox"/>
2.6.	N.O. Dry Storage	<input type="checkbox"/>	<input type="checkbox"/>
2.7.	N.O. Storage of Food for Staff	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.0 FOOD PREPARATION AND HANDLING</b>			
3.1.	N.O. Thawing Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.2.	N.O. Cooking Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.3.	N.O. Holding Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.4.	N.O. Cooling Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.5.	N.O. Re-heating Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.6.	N.O. Handling Methods	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.0 FOOD DISPLAY AND SERVICE</b>			
4.1.	N.O. Display Methods	<input type="checkbox"/>	<input type="checkbox"/>
4.2.	N.O. Advance Preparation	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.0 RECORD KEEPING AND RECALLS</b>			
5.1.	N.O. Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>
5.2.	N.O. Recall of Food	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.0 PERSONNEL</b>			
6.1.	N.O. Demonstrating Knowledge	<input type="checkbox"/>	<input type="checkbox"/>
6.2.	N.O. Employee Health	<input type="checkbox"/>	<input type="checkbox"/>
6.3.	N.O. Personal Hygiene Practices	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.0 FOOD EQUIPMENT AND UTENSILS</b>			
7.1.	N.O. Food Equipment (Design, Construction, Installation and Maintenance)	<input type="checkbox"/>	<input type="checkbox"/>
7.2.	N.O. Food Contact Surfaces	<input type="checkbox"/>	<input type="checkbox"/>
7.3.	N.O. Mechanical Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.4.	N.O. Manual Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.5.	N.O. Eating Utensils and Dishes	<input type="checkbox"/>	<input type="checkbox"/>

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### 8.0 CLEANING AND SANITIZING

- |           |   |                          |                          |
|-----------|---|--------------------------|--------------------------|
| 8.1. S    | Cleaning and Sanitizing                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.2. N.O. | Detergents and Chemical Use and Storage | <input type="checkbox"/> | <input type="checkbox"/> |

### 9.0 SANITARY FACILITIES

- |           |                         |                          |                          |
|-----------|-------------------------|--------------------------|--------------------------|
| 9.1. N.O. | Washroom(s)             | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2. N.O. | Hand Washing Station(s) | <input type="checkbox"/> | <input type="checkbox"/> |

### 10.0 FLOORS, WALLS AND CEILINGS

- |            |  |                          |                          |
|------------|--|--------------------------|--------------------------|
| 10.1. N.O. | Floors (Construction and Maintenance)    | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2. N.O. | Walls (Construction and Maintenance)     | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3. N.O. | Ceilings (Constructions and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |

### 11.0 WATER SUPPLY AND WASTE DISPOSAL

- |            |                              |                          |                          |
|------------|------------------------------|--------------------------|--------------------------|
| 11.1. N.O. | Water (Quality and Quantity) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.2. N.O. | Sewage Disposal              | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.3. N.O. | Solid Waste Handling         | <input type="checkbox"/> | <input type="checkbox"/> |

### 12.0 LIGHTING AND VENTILATION

- |            |             |                          |                          |
|------------|-------------|--------------------------|--------------------------|
| 12.1. N.O. | Lighting    | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.2. N.O. | Ventilation | <input type="checkbox"/> | <input type="checkbox"/> |

### 13.0 GENERAL

- |            |                           |                          |                          |
|------------|---------------------------|--------------------------|--------------------------|
| 13.1. N.O. | Licence                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.2. N.O. | Rodent and Insect Control | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.3. N.O. | Other Infractions/Hazards | <input type="checkbox"/> | <input type="checkbox"/> |

*N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory MI - Minor infraction; MA - Major infraction; CR - Critical infraction, CDI - Corrected During Inspection, R - Repeated infraction*

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item	MI /MA/ CR	Remarks	Date for correction
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### CLOSING COMMENTS

Previously noted deficiencies have been corrected.

**Rating color**

**Green/Vert**