

Food Premises Inspection Report

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| Name of Premise: The Lower Ledge Gastropub Address: 30 Ledges Inn Lane Doaktown NB E9C 1A6 | Licence #: 03-02472 Type: Class/Classe 4 Category: Pre-Operational Water Supply: Private Date of Inspection: April 21, 2021 |
|--|--|

| Item no. | Description | CDI | R |
|--|---|--------------------------|--------------------------|
| 1.0 FOOD | | | |
| 1.1 | S Approved Source | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | S Purchasing and Receiving | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | S Acceptable Containers and Labeling | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.0 FOOD STORAGE | | | |
| 2.1. | S Storage of Potentially Hazardous Foods | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2. | S Frozen Storage | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3. | S Refrigerated Storage (Temperature) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4. | S Refrigerated Storage (Methods) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5. | S Refrigerated Storage (Space) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.6. | S Dry Storage | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7. | S Storage of Food for Staff | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.0 FOOD PREPARATION AND HANDLING | | | |
| 3.1. | S Thawing Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2. | S Cooking Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3. | S Holding Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4. | S Cooling Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.5. | S Re-heating Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.6. | S Handling Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.0 FOOD DISPLAY AND SERVICE | | | |
| 4.1. | S Display Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2. | S Advance Preparation | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.0 RECORD KEEPING AND RECALLS | | | |
| 5.1. | S Record Keeping | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2. | S Recall of Food | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.0 PERSONNEL | | | |
| 6.1. | S Demonstrating Knowledge | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2. | S Employee Health | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3. | S Personal Hygiene Practices | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.0 FOOD EQUIPMENT AND UTENSILS | | | |
| 7.1. | S Food Equipment (Design, Construction, Installation and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2. | S Food Contact Surfaces | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3. | S Mechanical Dishwashing | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.4. | S Manual Dishwashing | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.5. | S 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. | S | Detergents and Chemical Use and Storage | <input type="checkbox"/> | <input type="checkbox"/> |

9.0 SANITARY FACILITIES

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

10.0 FLOORS, WALLS AND CEILINGS

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

11.0 WATER SUPPLY AND WASTE DISPOSAL

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

12.0 LIGHTING AND VENTILATION

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

13.0 GENERAL

- | | | | | |
|-------|---|---------------------------|--------------------------|--------------------------|
| 13.1. | S | Licence | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.2. | S | Rodent and Insect Control | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.3. | S | 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 |
|------|------------|---------|---------------------|
|------|------------|---------|---------------------|

CLOSING COMMENTS

Rating color

Green/Vert