

FOOD PREMISES INSPECTION FORM

Name of Establishment: TAP'S BAR INC.
 Operator: _____
 Address: 42 WATER ST, Campbellton, N.B.

Licence #: DS-00061 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		✓		7.0	FOOD EQUIPMENT AND UTENSILS			10.2		✓	
1.1		✓		3.4		✓		7.1		✓		10.3		✓	
1.2		✓		3.5		✓		7.2		✓		11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		✓		3.6		✓		7.3		✓		11.1		✓	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		✓		11.2		✓	
2.1		✓		4.1		✓		7.5		✓		11.3		✓	
2.2		✓		4.2		✓		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		✓		8.2		✓		12.2		✓	
2.5		✓		5.2		✓		9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		✓		6.0	PERSONNEL			9.1		✓		13.1		✓	
2.7		✓		6.1		✓		9.2		✓		13.2		✓	
3.0	FOOD PREPARATION AND HANDLING			6.2		✓		10.0	FLOORS, WALLS AND CEILINGS			13.3		✓	
3.1		✓		6.3		✓		10.1		✓					
3.2		✓													

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
				No cooking at the time of inspection.	

<input checked="" type="checkbox"/> Green	11 JUNE 2019 Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
<input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow		
<input type="checkbox"/> Striped Red <input type="checkbox"/> Red		

Inspected by: _____ Inspector Signature: _____