

# FOOD PREMISES INSPECTION FORM

Name of Premises: A & W Restaurant Champlain Place  
 Operator: Boone Food Services Limited  
 Address: 477 Paul Street Champlain Place  
Dieppe NB

Licence #: 01-00013 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	<b>FOOD</b>			3.3		<input checked="" type="checkbox"/>		Holding Methods	7.0	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2		<input checked="" type="checkbox"/>	
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"/>	
1.2	<input checked="" type="checkbox"/>			3.5		<input checked="" type="checkbox"/>		Re-heating Methods	7.2		<input checked="" type="checkbox"/>		<b>11.0 WATER SUPPLY AND WASTE DISPOSAL</b>			
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"/>	
2.0	<b>FOOD STORAGE</b>			4.0	<b>FOOD DISPLAY AND SERVICE</b>			7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>		
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		Advance Preparation	<b>8.0 CLEANING AND SANITIZING</b>			<b>12.0 LIGHTING AND VENTILATION</b>				
2.3		<input checked="" type="checkbox"/>		<b>5.0 RECORD KEEPING AND RECALLS</b>			8.1		<input checked="" type="checkbox"/>			12.1		<input checked="" type="checkbox"/>		
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		Record Keeping	8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		Recall of Food	<b>9.0 SANITARY FACILITIES</b>			<b>13.0 GENERAL</b>				
2.6		<input checked="" type="checkbox"/>		<b>6.0 PERSONNEL</b>			9.1		<input checked="" type="checkbox"/>			13.1		<input checked="" type="checkbox"/>		
2.7	<input checked="" type="checkbox"/>			6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
<b>3.0 FOOD PREPARATION AND HANDLING</b>				6.2		<input checked="" type="checkbox"/>		Employee Health	<b>10.0 FLOORS, WALLS AND CEILINGS</b>			13.3		<input checked="" type="checkbox"/>		
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>		<i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i>												

Item No.	MI	MA	CR	Remarks	Date for Correction

<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>Sept 14, 2018</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:	
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