

FOOD PREMISES INSPECTION FORM

Name of Premises: Hands on Learning Centre

Licence #: 01-00340

Operator: Cassell Enterprises Ltd.

Type: Class 3 Class 3 WH Class 4 Class 5

Address: 2181 Mountain Road
Moncton NB

Additional Info: PM TE Catering

Category: Routine Re-inspection New Licence Other

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				3.3		<input checked="" type="checkbox"/>		7.0				10.2		<input checked="" type="checkbox"/>	
	FOOD								FOOD EQUIPMENT AND UTENSILS						
1.1		<input checked="" type="checkbox"/>		3.4				7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.2	<input checked="" type="checkbox"/>			3.5	<input checked="" type="checkbox"/>			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"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
												11.2		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1	<input checked="" type="checkbox"/>			7.5		<input checked="" type="checkbox"/>		12.0			
									CLEANING AND SANITIZING			12.1		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2	<input checked="" type="checkbox"/>			8.0				12.2		<input checked="" type="checkbox"/>	
													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"/>	
								8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>			9.0	SANITARY FACILITIES			13.0	GENERAL		
								9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>			9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
												13.3		<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL			10.0	FLOORS, WALLS AND CEILINGS						
2.7	<input checked="" type="checkbox"/>			6.1		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>									
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>									
3.2		<input checked="" type="checkbox"/>			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

Date of Inspection: March 23, 2022 If Yes, Date: _____

Received by: [Signature] Inspector Signature: _____