

FOOD PREMISES INSPECTION FORM



Name of Premises: Kim's Fry Time
 Operator: _____
 Address: 174B Hampton Rd, Quispamsis

Licence #: 02-02750
 Type: Class 3 Class 4 Class 5
 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				7.0				10.2			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		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		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
2.0			<input checked="" type="checkbox"/>	4.0			<input checked="" type="checkbox"/>	7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0			<input checked="" type="checkbox"/>	12.0			
2.3		<input checked="" type="checkbox"/>		5.0			<input checked="" type="checkbox"/>	8.1			<input checked="" type="checkbox"/>	12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2			<input checked="" type="checkbox"/>	12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0			<input checked="" type="checkbox"/>	13.0			
2.6		<input checked="" type="checkbox"/>		6.0			<input checked="" type="checkbox"/>	9.1			<input checked="" type="checkbox"/>	13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2			<input checked="" type="checkbox"/>	13.2		<input checked="" type="checkbox"/>	
3.0			<input checked="" type="checkbox"/>	6.2		<input checked="" type="checkbox"/>		10.0			<input checked="" type="checkbox"/>	13.3		<input checked="" type="checkbox"/>	
3.1			<input checked="" type="checkbox"/>	6.3		<input checked="" type="checkbox"/>		10.1		<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
9.2		<input checked="" type="checkbox"/>		Dishes (pot and lid) located in hand washing sink. Hand washing sink shall be kept clear at all times. Dishes relocated	Corrected
3.1		<input checked="" type="checkbox"/>		Raw meat defrosting and marinating at room temperature. Use proper thawing methods and can't marinate at room temperature. Food relocated to refrigerator	Corrected
1.3	<input checked="" type="checkbox"/>			Prepared foods not labelled. Prepared potentially hazardous foods stored in containers shall be labeled with the item name and date of preparation	Oct 8/2019
1.3	<input checked="" type="checkbox"/>			Some large containers that stores flour near stove and meat in refrigerator appear not to be a food grade. Re-usable containers must be food grade material	Nov 4/2019
9.1	<input checked="" type="checkbox"/>			Items required to clean: mop, floor, dry food storage area and staff toilet	Oct 11/2019
9.1	<input checked="" type="checkbox"/>			Bar Soap and liquid soap in staff washroom. Discard bar soap. Provide only liquid or powdered soap in a dispenser.	Oct 8/2019

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: Oct 8/2019
 If Yes, Date: _____

White - Office; Yellow - Operator; Blue - Copy for Posting