

# FOOD PREMISES INSPECTION FORM

Name of Premises: Delta Bay Marriott Saint John  
 Operator: 39 King Street, Saint John  
 Address: 39 King Street, Saint John

Licence #: 02-02715  
 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	FOOD			3.3		<input checked="" type="checkbox"/>		7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1				10.3		<input checked="" type="checkbox"/>			
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2				11.0		<input checked="" type="checkbox"/>			
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3				11.1		<input checked="" type="checkbox"/>			
2.0	FOOD STORAGE			4.0		<input checked="" type="checkbox"/>		7.4				11.2		<input checked="" type="checkbox"/>			
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5				11.3		<input checked="" type="checkbox"/>			
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING			12.0		<input checked="" type="checkbox"/>			
2.3		<input checked="" type="checkbox"/>		5.0		<input checked="" type="checkbox"/>		8.1				12.1		<input checked="" type="checkbox"/>			
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2				12.2		<input checked="" type="checkbox"/>			
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES			13.0		<input checked="" type="checkbox"/>			
2.6		<input checked="" type="checkbox"/>		6.0		<input checked="" type="checkbox"/>		9.1				13.1		<input checked="" type="checkbox"/>			
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2				13.2		<input checked="" type="checkbox"/>			
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>			
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1									
3.2		<input checked="" type="checkbox"/>															
Item No.	MI	MA	CR	Remarks	N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction											Date for Correction	
13.3		<input checked="" type="checkbox"/>															

*Rodent droppings were observed under shelving in the dry storage room and corrected. This area is required to be cleaned & sanitized. There shall not be any signs of insects under racks.*

Green  Dark Yellow  
 Light Yellow  Red  
 Striped Red

Re-inspection Required:  Yes  No  
 Date of Inspection: Feb 24 2021  
 If Yes, Date: