

Food Premises Inspection Report

Name of Premise: Résidence Bel Accueil Ltée	Licence #: 63-00181
Operator: Nadine Savoie	Type: Class/Classe 4
Address: 226 rue Du Pêcheur Lamèque CA E8T 1K2	Category: Routine Compliance
Water Supply: Municipal	Date of Inspection: February 15, 2024

Item no.	Description	CDI	R
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1.0 FOOD

- | | | | | |
|-----|---|------------------------------------|--------------------------|--------------------------|
| 1.1 | S | Approved Source | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | S | Purchasing and Receiving | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | S | Acceptable Containers and Labeling | <input type="checkbox"/> | <input type="checkbox"/> |

2.0 FOOD STORAGE

- | | | | | |
|-----|---|--|--------------------------|--------------------------|
| 2.1 | S | Storage of Potentially Hazardous Foods | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 | S | Frozen Storage | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 | S | Refrigerated Storage (Temperature) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 | S | Refrigerated Storage (Methods) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5 | S | Refrigerated Storage (Space) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.6 | S | Dry Storage | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7 | S | Storage of Food for Staff | <input type="checkbox"/> | <input type="checkbox"/> |

3.0 FOOD PREPARATION AND HANDLING

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|-----|---|--------------------|--------------------------|--------------------------|
| 3.1 | S | Thawing Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 | S | Cooking Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 | S | Holding Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 | S | Cooling Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.5 | S | Re-heating Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.6 | S | Handling Methods | <input type="checkbox"/> | <input type="checkbox"/> |

4.0 FOOD DISPLAY AND SERVICE

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|-----|---|---------------------|--------------------------|--------------------------|
| 4.1 | S | Display Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 | S | Advance Preparation | <input type="checkbox"/> | <input type="checkbox"/> |

5.0 RECORD KEEPING AND RECALLS

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|-----|---|----------------|--------------------------|--------------------------|
| 5.1 | S | Record Keeping | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 | S | Recall of Food | <input type="checkbox"/> | <input type="checkbox"/> |

6.0 PERSONNEL

- | | | | | |
|-----|---|----------------------------|--------------------------|--------------------------|
| 6.1 | S | Demonstrating Knowledge | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 | S | Employee Health | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 | S | Personal Hygiene Practices | <input type="checkbox"/> | <input type="checkbox"/> |

7.0 FOOD EQUIPMENT AND UTENSILS

- | | | | | |
|-----|---|---|--------------------------|--------------------------|
| 7.1 | S | Food Equipment (Design, Construction, Installation and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2 | S | Food Contact Surfaces | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3 | S | Mechanical Dishwashing | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.4 | S | Manual Dishwashing | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.5 | S | Eating Utensils and Dishes | <input type="checkbox"/> | <input type="checkbox"/> |

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8.0 CLEANING AND SANITIZING

8.1	S	Cleaning and Sanitizing	<input type="checkbox"/>	<input type="checkbox"/>
8.2	S	Detergents and Chemical Use and Storage	<input type="checkbox"/>	<input type="checkbox"/>

9.0 SANITARY FACILITIES

9.1	S	Washroom(s)	<input type="checkbox"/>	<input type="checkbox"/>
9.2	S	Hand Washing Station(s)	<input type="checkbox"/>	<input type="checkbox"/>

10.0 FLOORS, WALLS AND CEILINGS

10.1	S	Floors (Construction and Maintenance)	<input type="checkbox"/>	<input type="checkbox"/>
10.2	S	Walls (Construction and Maintenance)	<input type="checkbox"/>	<input type="checkbox"/>
10.3	S	Ceilings (Constructions and Maintenance)	<input type="checkbox"/>	<input type="checkbox"/>

11.0 WATER SUPPLY AND WASTE DISPOSAL

11.1	S	Water (Quality and Quantity)	<input type="checkbox"/>	<input type="checkbox"/>
11.2	S	Sewage Disposal	<input type="checkbox"/>	<input type="checkbox"/>
11.3	S	Solid Waste Handling	<input type="checkbox"/>	<input type="checkbox"/>

12.0 LIGHTING AND VENTILATION

12.1	S	Lighting	<input type="checkbox"/>	<input type="checkbox"/>
12.2	S	Ventilation	<input type="checkbox"/>	<input type="checkbox"/>

13.0 GENERAL

13.1	S	Licence	<input type="checkbox"/>	<input type="checkbox"/>
13.2	S	Rodent and Insect Control	<input type="checkbox"/>	<input type="checkbox"/>
13.3	S	Other Infractions/Hazards	<input type="checkbox"/>	<input type="checkbox"/>

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory MI - Minor infraction; MA - Major infraction; CR - Critical infraction, CDI - Corrected During Inspection, R - Repeated infraction

OBSERVATIONS AND CORRECTIVE ACTIONS

Item	MI /MA/ CR	Remarks	Date for Correction
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CLOSING COMMENTS

Rating color:

Green



Received By: Nadine Savoie



Éric De La Garde, Public Health Inspector