

FOOD PREMISES INSPECTION FORM

Name of Premises: Tane's Seven Burgers
 Operator: _____
 Address: 281 Westigoche Rd Orangetown N.B.

Licence #: 03-01857 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	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		<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"/>	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			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	CLEANING AND SANITIZING			12.0	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"/>	
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	SANITARY FACILITIES			13.0	GENERAL		
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL			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	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		<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
8.2		X		Sanitizer solution shall be used in strict accordance with manufacturers instructions. Sanitizer when tested did not provide any reading. Operator was instructed and shown how to prepare the appropriate sanitizer concentration.	Corrected before leaving

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	June 28, 2018 Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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