

FOOD PREMISES INSPECTION FORM

Name of Premises: Jeremiah's Deli
 Operator: _____
 Address: 47 Charlotte St. Saint John

Licence #: 02-00374 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		/		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS				10.2		/	
1.1		/		3.4	/	/		Cooling Methods	7.1		/		10.3		/		
1.2	/			3.5		/		Re-heating Methods	7.2		/		11.0 WATER SUPPLY AND WASTE DISPOSAL				
1.3		/		3.6		/		Handling Methods	7.3		/		11.1		/		
2.0 FOOD STORAGE				4.0 FOOD DISPLAY AND SERVICE				7.4		/		11.2		/			
2.1		/		4.1		/		Display Methods	7.5		/		11.3		/		
2.2		/		4.2		/		Advance Preparation	8.0 CLEANING AND SANITIZING				12.0 LIGHTING AND VENTILATION				
2.3		/		5.0 RECORD KEEPING AND RECALLS				8.1		/		12.1		/			
2.4		/		5.1		/		Record Keeping	8.2		/		12.2		/		
2.5		/		5.2		/		Recall of Food	9.0 SANITARY FACILITIES				13.0 GENERAL				
2.6		/		6.0 PERSONNEL				9.1		/		13.1		/			
2.7		/		6.1		/		Demonstrating Knowledge	9.2		/		13.2		/		
3.0 FOOD PREPARATION AND HANDLING				6.2		/		Employee Health	10.0 FLOORS, WALLS AND CEILINGS				13.3		/		
3.1	/			6.3		/		Personal Hygiene Practices	10.1		/						
3.2		/		<i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i>													

Item No.	MI	MA	CR	Remarks	Date for Correction
13.2		X		Rodent droppings found on multiple shelving units and under refrigerators, shelves, and stoves. Insufficient sweeping schedule to deal with issue. Floors shall be swept daily. Premises should be monitored daily for rodent activity.	20 August 2018

<input type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input checked="" type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>16 August 2018</u>	Re-inspection Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____	
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