

Food Premises Inspection Report

Name of Premise: Carr Residence Operator: Brenda Carr Address: 159 King St E Saint John NB E2L 1G9	Licence #: 02-02288 Type: Class/Classe 4 Category: Compliance Water Supply: Municipal Date of Inspection: May 3, 2022
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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

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

4.1	N.O.	Display Methods	<input type="checkbox"/>	<input type="checkbox"/>
4.2	N.O.	Advance Preparation	<input type="checkbox"/>	<input type="checkbox"/>

5.0 RECORD KEEPING AND RECALLS

5.1	N.O.	Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>
5.2	N.O.	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	N.O.	Mechanical Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.4	S	Manual Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>

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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:

Received By: Brenda Carr


 Inspector Signature: Christopher Biggs, Public Health Inspector