

FOOD PREMISES INSPECTION FORM



Name of Premises: Tim Horton's # 899
Operator: 265 King Street West, Saint John
Address: _____

Licence #: 02-01788
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				7.0				10.2			
1.1				3.4				7.1				10.3			
1.2				3.5				7.2							
1.3				3.6				7.3							
2.0	FOOD STORAGE			4.0				7.4				11.1			
2.1				4.1				7.5				11.2			
2.2				4.2				8.0				11.3			
2.3				5.0				8.1				12.0			
2.4				5.1				8.2				12.1			
2.5				5.2				9.0				12.2			
2.6				6.0				9.1				13.0			
2.7				6.1				9.2				13.1			
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0				13.2			
3.1				6.3				10.1				13.3			
3.2															

Item No. 2.3 **MI** **MA** **CR** **Remarks** Showcase fridge on front now completely out of service until he fixed. **Date for Correction**

Green Dark Yellow Red
 Light Yellow Red
 Striped Red

Re-inspection Required: Yes No

Date of Inspection: April 22/2021 **If Yes, Date:**

White - Office; Yellow - Operator; Blue - Copy for Posting

Food Premises Standard Operational Procedures

Version 6.0 January 2019 Replaces Version 5.1