

FOOD PREMISES INSPECTION FORM

Name of Premises: Tim Hortons # 299 265 King St. W Licence #: 02-01788 Type: Class 3 Class 4 Class 5
 Operator: _____ Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 Address: 265 King Street West, Saint John 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				Frozen Storage	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				Refrigerated Storage (Temperature)	8.2			12.2				
2.5				5.2				Refrigerated Storage (Methods)	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6				6.0	PERSONNEL			9.1				13.1				
2.7				6.1				Dry Storage	9.2			13.2				
3.0	FOOD PREPARATION AND HANDLING			6.2				Storage of Food for Staff	10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1				6.3				Thawing Methods	10.1							
3.2								Cooking Methods								

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
7.1	✓			One oven (inside the kitchen) needs cleaning	Immediately
8.1		✓		quat sanitiser solution concentration was too weak (buckets) (less than 100ppm), it shall be 200ppm	corrected

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____	Date of Inspection: <u>Dec 12th / 2018</u>
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