

Food Premises Inspection Report

Name of Premise: The Caves Restaurant Ltd Address: 82 Big Salmon River Road St Martins NB	Licence #: 02-00044 Type: Class/Classe 4 Category: Compliance Water Supply: Private Date of Inspection: August 4, 2021
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Item no.	Description	CDI	R
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	N.O. 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	N.O. 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	S 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	U Personal Hygiene Practices	<input checked="" 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	S Mechanical Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.4	U Manual Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.5	S Eating Utensils and Dishes	<input type="checkbox"/>	<input type="checkbox"/>

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8.0 CLEANING AND SANITIZING

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|-----|---|---|--------------------------|--------------------------|
| 8.1 | U | 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 | U | Hand Washing Station(s) | <input type="checkbox"/> | <input type="checkbox"/> |

10.0 FLOORS, WALLS AND CEILINGS

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|------|---|--|--------------------------|--------------------------|
| 10.1 | S | Floors (Construction and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2 | U | 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

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|------|---|------------------------------|--------------------------|--------------------------|
| 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

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|------|---|-------------|--------------------------|--------------------------|
| 12.1 | S | Lighting | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.2 | S | Ventilation | <input type="checkbox"/> | <input type="checkbox"/> |

13.0 GENERAL

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|------|------|---------------------------|--------------------------|--------------------------|
| 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 | N.O. | 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
10.2	MI	Walls shall be of sound construction and in good repair Observations: Paint the crack filled walls of the staff washroom to ensure ease of cleaning.	Immediately
6.3	MA	Employees shall wash their hands as often as necessary to prevent the contamination of food Corrective Actions: CDI	Corrected
7.4	MI	Dishes/utensils shall be washed, rinsed, sanitized and air dried Corrective Actions: CDI	Corrected
7.4	MI	Testing strips shall be available to verify sanitizer concentration Observations: Replace expired test strips	Immediately
8.1	MI	Floors, walls and ceilings shall be kept clean and sanitary Observations: Food debris is building up, cleaning and sanitizing is required.	Immediately
9.2	MI	Dispensed soap (liquid or powder) shall be provided at hand washing station(s)	Immediately

CLOSING COMMENTS

Rating color Green/Vert