

FOOD PREMISES INSPECTION FORM

Name of Premises: CHATEAU DE CHAMPLAIN
 Operator: _____
 Address: 300 BOARDMAN ROAD
SAINT JOHN, NB

Licence #: 02-01234 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				3.3				7.0				10.2			
FOOD				Holding Methods				FOOD EQUIPMENT AND UTENSILS				Walls (Construction and Maintenance)			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		Cooling Methods				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Constructions and Maintenance)			
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		WATER SUPPLY AND WASTE DISPOSAL			
		<input checked="" type="checkbox"/>		Purchasing and Receiving				Food Contact Surfaces				Water (Quality and Quantity)			
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling				Handling Methods				Sewage Disposal			
2.0				4.0				7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
FOOD STORAGE				FOOD DISPLAY AND SERVICE				Manual Dishwashing				Solid Waste Handling			
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods				Eating Utensils and Dishes				LIGHTING AND VENTILATION			
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		CLEANING AND SANITIZING				Lighting			
		<input checked="" type="checkbox"/>		Frozen Storage				Cleaning and Sanitizing				Ventilation			
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)				Detergents and Chemical Use and Storage							
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)				SANITARY FACILITIES				GENERAL			
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)				Washroom(s)				Licence			
2.6		<input checked="" type="checkbox"/>		6.0				9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		Dry Storage				Hand Washing Station(s)				Rodent and Insect Control			
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		10.0		<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		Storage of Food for Staff				FLOORS, WALLS AND CEILINGS				Other Infractions/Hazards			
3.0				6.2		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					
FOOD PREPARATION AND HANDLING				PERSONNEL				Floors (Construction and Maintenance)							
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>									
		<input checked="" type="checkbox"/>		Thawing Methods				Employee Health							
3.2		<input checked="" type="checkbox"/>		Cooking Methods				Personal Hygiene Practices							

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

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>9 Dec 2019</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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