

Food Premises Inspection Report

Name of Premise: Tracy Store (The) Operator: The Tracy Store Address: 4366 Heritage Drive Tracy NB	Licence #: 03-01050 Type: Class/Classe 4 Category: Follow-up Water Supply: Private Date of Inspection: August 10, 2021
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Item no.	Description	CDI	R
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1.0 FOOD

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|-----|--------------------------------------|--------------------------|--------------------------|
| 1.1 | N.O. Approved Source | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | N.O. 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 | N.O. Frozen Storage | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 | S Refrigerated Storage (Temperature) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 | N.O. Refrigerated Storage (Methods) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5 | N.O. Refrigerated Storage (Space) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.6 | N.O. 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

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|-----|-------------------------|--------------------------|--------------------------|
| 3.1 | N.O. 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 | N.O. 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

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|-----|-----------------------|--------------------------|--------------------------|
| 4.1 | S 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 | N.O. Demonstrating Knowledge | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 | N.O. 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

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|-----|--|--------------------------|--------------------------|
| 7.1 | N.O. Food Equipment (Design, Construction, Installation and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2 | N.O. Food Contact Surfaces | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3 | N.O. Mechanical Dishwashing | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.4 | N.O. Manual Dishwashing | <input type="checkbox"/> | <input type="checkbox"/> |

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7.5 N.O. Eating Utensils and Dishes

8.0 CLEANING AND SANITIZING

8.1 S Cleaning and Sanitizing

8.2 N.O. Detergents and Chemical Use and Storage

9.0 SANITARY FACILITIES

9.1 N.O. Washroom(s)

9.2 N.O. Hand Washing Station(s)

10.0 FLOORS, WALLS AND CEILINGS

10.1 N.O. Floors (Construction and Maintenance)

10.2 N.O. Walls (Construction and Maintenance)

10.3 N.O. Ceilings (Constructions and Maintenance)

11.0 WATER SUPPLY AND WASTE DISPOSAL

11.1 N.O. Water (Quality and Quantity)

11.2 N.O. Sewage Disposal

11.3 N.O. Solid Waste Handling

12.0 LIGHTING AND VENTILATION

12.1 N.O. Lighting

12.2 N.O. Ventilation

13.0 GENERAL

13.1 N.O. Licence

13.2 N.O. Rodent and Insect Control

13.3 N.O. Other Infractions/Hazards

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

All previous infractions have been corrected

Rating color: Green




Received By: The Tracy Store

Inspector Signature: Daniel Michaud, Public Health Technician