

FOOD PREMISES INSPECTION FORM

Name of Premises: River Valley Civic Centre
 Operator: 11 School Street
 Address: Park-Andover, NB

License #: B2-00081 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	FOOD			3.3				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1	Approved Source			3.4				7.1	Food Equipment (Design, Construction, Installation and Maintenance)			10.3			
1.2	Purchasing and Receiving			3.5				7.2	Food Contact Surfaces			11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3	Acceptable Containers and Labeling			3.6				7.3	Mechanical Dishwashing			11.1	Water (Quality and Quantity)		
2.0	FOOD STORAGE			4.0				7.4	Manual Dishwashing			11.2	Sewage Disposal		
2.1	Storage of Potentially Hazardous Foods			4.1				7.5	Eating Utensils and Dishes			11.3	Solid Waste Handling		
2.2	Frozen Storage			4.2				8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3	Refrigerated Storage (Temperature)			5.0				8.1	Cleaning and Sanitizing			12.1	Lighting		
2.4	Refrigerated Storage (Methods)			5.1				8.2	Detergents and Chemical Use and Storage			12.2	Ventilation		
2.5	Refrigerated Storage (Space)			5.2				9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6	Dry Storage			6.0				9.1	Washroom(s)			13.1	Licence		
2.7	Storage of Food for Staff			6.1				9.2	Hand Washing Station(s)			13.2	Rodent and Insect Control		
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILINGS			13.3	Other Infractions/Hazards		
3.1	Thawing Methods			6.3				10.1	Floors (Construction and Maintenance)						
3.2	Cooking Methods														

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction

Remarks

Closed Sec Covid-19

Date for Correction

Item No.	MI	MA	CR	Remarks	Date for Correction

Green Light Yellow Dark Yellow Striped Red Red

Re-inspection Required: Yes No

Date of Inspection: _____ If Yes, Date: _____

Received by: _____