

Food Premises Inspection Report

Name of Premise: Islandview Residential Centre	Licence #: 03-00951
Address: 65 Brunswick Street Fredericton NB E3B 1G5	Type: Class/Classe 4
	Category: Follow-up
	Water Supply: Municipal
	Date of Inspection: July 26, 2021

Item no.	Description	CDI	R
1.0 FOOD			
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	N.O. Acceptable Containers and Labeling	<input type="checkbox"/>	<input type="checkbox"/>
2.0 FOOD STORAGE			
2.1	N.O. 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	N.O. 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	N.O. Storage of Food for Staff	<input type="checkbox"/>	<input type="checkbox"/>
3.0 FOOD PREPARATION AND HANDLING			
3.1	N.O. Thawing Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.2	N.O. Cooking Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.3	N.O. 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	N.O. 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	N.O. 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	N.O. Personal Hygiene Practices	<input type="checkbox"/>	<input type="checkbox"/>
7.0 FOOD EQUIPMENT AND UTENSILS			
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	S Mechanical Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.4	N.O. Manual Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.5	N.O. Eating Utensils and Dishes	<input type="checkbox"/>	<input type="checkbox"/>

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8.0 CLEANING AND SANITIZING

- 8.1 N.O. 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 S 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 infractions from the previous inspection have been corrected.

Rating color

Green/Vert