

FOOD PREMISES INSPECTION FORM

Name of Premises: Sister's Italian Foods
 Operator: _____
 Address: 43 Charlotte St. Saint John

Licence #: 02-00879
 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Other
 Water Supply: Private Municipal



Item No.	N.O.	S	U	Item No.	N.O.	S	U	Item No.	N.O.	S	U
1.0	✓			7.0	✓			10.2	✓		
1.1	✓			7.1	✓			10.3	✓		
1.2	✓			7.2	✓			11.0	✓		
1.3	✓			7.3	✓			11.1	✓		
2.0	✓			7.4	✓			11.2	✓		
2.1	✓			7.5	✓			11.3	✓		
2.2	✓			8.0	✓			12.0	✓		
2.3	✓			8.1	✓			12.1	✓		
2.4	✓			8.2	✓			12.2	✓		
2.5	✓			9.0	✓			13.0	✓		
2.6	✓			9.1	✓			13.1	✓		
2.7	✓			9.2	✓			13.2	✓		
3.0	✓			10.0	✓			13.3	✓		
3.1	✓			10.1	✓						
3.2	✓										

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

Green
 Light Yellow
 Striped Red
 Dark Yellow
 Red

Date of Inspection: Sept 29 / 2020

Re-inspection Required: Yes No

If Yes, Date: _____

Write - Office; Yellow - Operator; Blue - Copy for Posting

Date for Correction