

FOOD PREMISES INSPECTION FORM

Name of Premises: Family Ties Playcare
 Operator: _____
 Address: 166 Tower St. Saint John, NB

Licence #: 02-02402 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	✓			Holding Methods	7.0				FOOD EQUIPMENT AND UTENSILS	10.2		✓	✓		Walls (Construction and Maintenance)
1.1		✓	✓	Approved Source	3.4	✓			Cooling Methods	7.1		✓	✓	Food Equipment (Design, Construction, Installation and Maintenance)	10.3		✓	✓		Ceilings (Constructions and Maintenance)
1.2		✓	✓	Purchasing and Receiving	3.5	✓			Re-heating Methods	7.2		✓	✓	Food Contact Surfaces	11.0					WATER SUPPLY AND WASTE DISPOSAL
1.3		✓	✓	Acceptable Containers and Labeling	3.6		✓		Handling Methods	7.3		✓	✓	Mechanical Dishwashing	11.1		✓	✓		Water (Quality and Quantity)
2.0				FOOD STORAGE	4.0				FOOD DISPLAY AND SERVICE	7.4		✓	✓	Manual Dishwashing	11.2		✓	✓		Sewage Disposal
2.1		✓	✓	Storage of Potentially Hazardous Foods	4.1	✓			Display Methods	7.5		✓	✓	Eating Utensils and Dishes	11.3		✓	✓		Solid Waste Handling
2.2		✓	✓	Frozen Storage	4.2	✓			Advance Preparation	8.0				CLEANING AND SANITIZING	12.0					LIGHTING AND VENTILATION
2.3		✓	✓	Refrigerated Storage (Temperature)	5.0				RECORD KEEPING AND RECALLS	8.1		✓	✓	Cleaning and Sanitizing	12.1		✓	✓		Lighting
2.4		✓	✓	Refrigerated Storage (Methods)	5.1		✓		Record Keeping	8.2		✓	✓	Detergents and Chemical Use and Storage	12.2		✓	✓		Ventilation
2.5		✓	✓	Refrigerated Storage (Space)	5.2	✓			Recall of Food	9.0				SANITARY FACILITIES	13.0					GENERAL
2.6		✓	✓	Dry Storage	6.0				PERSONNEL	9.1		✓	✓	Washroom(s)	13.1		✓	✓		Licence
2.7	✓			Storage of Food for Staff	6.1		✓	✓	Demonstrating Knowledge	9.2		✓	✓	Hand Washing Station(s)	13.2		✓	✓		Rodent and Insect Control
3.0				FOOD PREPARATION AND HANDLING	6.2		✓	✓	Employee Health	10.0				FLOORS, WALLS AND CEILINGS	13.3	✓				Other Infractions/Hazards
3.1	✓		✓	Thawing Methods	6.3		✓	✓	Personal Hygiene Practices	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

Item No.	MI	MA	CR	Remarks	Date for Correction
				<i>No violations observed at time of inspection.</i>	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
Date of Inspection: <u>April 12/19</u>	