

## Food Premises Inspection Report

<b>Name of Premise:</b> Tim Hortons #2848  <b>Address:</b> 1160 Hanwell Road Fredericton NB E3C 0A6	<b>Licence #:</b> 03-01031 <b>Type:</b> Class/Classe 4 <b>Category:</b> Follow-up <b>Water Supply:</b> Municipal <b>Date of Inspection:</b> November 18, 2021
--	---

Item no.	Description	CDI	R
<b>1.0 FOOD</b>			
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"/>
<b>2.0 FOOD STORAGE</b>			
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"/>
<b>3.0 FOOD PREPARATION AND HANDLING</b>			
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"/>
<b>4.0 FOOD DISPLAY AND SERVICE</b>			
4.1	N.O. Display Methods	<input type="checkbox"/>	<input type="checkbox"/>
4.2	N.O. Advance Preparation	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.0 RECORD KEEPING AND RECALLS</b>			
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"/>
<b>6.0 PERSONNEL</b>			
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"/>
<b>7.0 FOOD EQUIPMENT AND UTENSILS</b>			
7.1	S 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"/>
7.5	N.O. Eating Utensils and Dishes	<input type="checkbox"/>	<input type="checkbox"/>

# Food Premises Inspection Report

<b>Name of Premise:</b>	Tim Hortons #2848	<b>Licence #:</b>	03-01031
-------------------------	-------------------	-------------------	----------

## 8.0 CLEANING AND SANITIZING

- 8.1 U 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 U 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
8.1	MI	Floors, walls and ceilings shall be kept clean and sanitary <b>Comment: Staining on walls around and above ventilation unit above toaster (i.e. at front)</b>	Immediately
12.2	MI	<b>Outstanding Infraction: Effective ventilation shall be provided to areas of the premises that are subject to the generation or accumulation of odours, fumes, steam, vapors, smoke or excessive heat</b>  Comment: Staining around and above ventilation unit indicate it is not properly functioning. Unit must be tested and serviced to ensure flow rate is adequate to meet the demands of equipment.	November 30, 2021

## CLOSING COMMENTS

Reinspection scheduled for November 30, 2021.

**Rating color** Green