

FOOD PREMISES INSPECTION FORM



Name of Premises: Maple Row Special Care Home
 Operator: _____
 Address: 343-415 Maple Row, Saint John

Licence #: 02-02252 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			3.8				7.0	FOOD EQUIPMENT AND UTENSILS			10.2				Walls (Construction and Maintenance)
1.1				3.4				7.1				10.3				Ceilings (Construction and Maintenance)
1.2				3.5				7.2				11.0				WATER SUPPLY AND WASTE DISPOSAL
1.3				3.6				7.3				11.1				Water (Quality and Quantity)
2.0	FOOD STORAGE			4.0				7.4				11.2				Sewage Disposal
2.1				4.1				7.5				11.3				Solid Waste Handling
2.2				4.2				8.0	CLEANING AND SANITIZING			12.0				LIGHTING AND VENTILATION
2.3				5.0				8.1				12.1				Lighting
2.4				5.1				8.2				12.2				Ventilation
2.5				5.2				9.0	SANITARY FACILITIES			13.0				GENERAL
2.6				6.0				9.1				13.1				Licence
2.7				6.1				9.2				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				6.3				10.1								
3.2																

M.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
2.4	<input checked="" type="checkbox"/>			Violation 7.4, 8.1 and 8.1 have been corrected. The light inside the dry storage room not strong enough to see, it not impedes	

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: Nov. 24/2020

Re-inspection Required: Yes No
 If Yes, Date: _____