

FOOD PREMISES INSPECTION FORM



Name of Premises: Fundy Lobster
 Operator: Fundy Lobster
 Address: Irving - Mountain Rd Trinity

Licence #: 01-02700
 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		Item No.	N.O.	S	U	
1.0				FOOD	3.3		<input checked="" type="checkbox"/>		Holding Methods	7.0				FOOD EQUIPMENT AND UTENSILS	10.2		<input checked="" type="checkbox"/>		Walls (Construction and Maintenance)
1.1		<input checked="" type="checkbox"/>		Approved Source	3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>		Food Equipment (Design, Construction, Installation and Maintenance)	10.3		<input checked="" type="checkbox"/>		Ceilings (Constructions and Maintenance)
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.5		<input checked="" type="checkbox"/>		Re-heating Methods	7.2		<input checked="" type="checkbox"/>		Food Contact Surfaces	11.0		<input checked="" type="checkbox"/>		WATER SUPPLY AND WASTE DISPOSAL
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3		<input checked="" type="checkbox"/>		Mechanical Dishwashing	11.1		<input checked="" type="checkbox"/>		Water (Quality and Quantity)
2.0				FOOD STORAGE	4.0				FOOD DISPLAY AND SERVICE	7.4		<input checked="" type="checkbox"/>		Manual Dishwashing	11.2		<input checked="" type="checkbox"/>		Sewage Disposal
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>		Eating Utensils and Dishes	11.3		<input checked="" type="checkbox"/>		Solid Waste Handling
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0				CLEANING AND SANITIZING	12.0		<input checked="" type="checkbox"/>		LIGHTING AND VENTILATION
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	5.0				RECORD KEEPING AND RECALLS	8.1		<input checked="" type="checkbox"/>		Cleaning and Sanitizing	12.1		<input checked="" type="checkbox"/>		Lighting
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	5.1		<input checked="" type="checkbox"/>		Record Keeping	8.2		<input checked="" type="checkbox"/>		Detergents and Chemical Use and Storage	12.2		<input checked="" type="checkbox"/>		Ventilation
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	5.2		<input checked="" type="checkbox"/>		Recall of Food	9.0				SANITARY FACILITIES	13.0		<input checked="" type="checkbox"/>		GENERAL
2.6		<input checked="" type="checkbox"/>		Dry Storage	6.0				PERSONNEL	9.1		<input checked="" type="checkbox"/>		Washroom(s)	13.1		<input checked="" type="checkbox"/>		Licence
2.7		<input checked="" type="checkbox"/>		Storage of Food for Staff	6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		Hand Washing Station(s)	13.2		<input checked="" type="checkbox"/>		Rodent and Insect Control
3.0				FOOD PREPARATION AND HANDLING	6.2		<input checked="" type="checkbox"/>		Employee Health	10.0				FLOORS, WALLS AND CEILING	13.3		<input checked="" type="checkbox"/>		Other Infractions/Hazards
3.1		<input checked="" type="checkbox"/>		Thawing Methods	6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>		Floors (Construction and Maintenance)					
3.2		<input checked="" type="checkbox"/>		Cooking Methods	<i>N.O. – Not Observed; S – Satisfactory; U – Unsatisfactory; MI – Minor Infraction; MA – Major Infraction; CR – Critical Infraction</i>														

Item No.	MI	MA	CR	Remarks	Date for Correction

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>Aug. 30, 2019</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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