

# FOOD PREMISES INSPECTION FORM

Name of Establishment: Saunders Care Home Anne Saunders  
 Operator: Anne Saunders Care Home  
 Address: 28, Aberdeen St. Campbellton

Licence #: 25-00640

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	
<b>1.0</b>	<b>FOOD</b>			3.3		✓		Holding Methods	<b>7.0</b>	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2		✓	
1.1		✓		Approved Source	3.4		✓	Cooling Methods	7.1		✓		10.3		✓	
1.2		✓		Purchasing and Receiving	3.5		✓	Re-heating Methods	7.2		✓		<b>11.0</b>	<b>WATER SUPPLY AND WASTE DISPOSAL</b>		
1.3		✓		Acceptable Containers and Labeling	3.6		✓	Handling Methods	7.3		✓		11.1		✓	
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>			<b>7.4</b>		✓		11.2		✓		Water (Quality and Quantity)
2.1		✓		Storage of Potentially Hazardous Foods	4.1		✓	Display Methods	7.5		✓		11.3		✓	
2.2		✓		Frozen Storage	4.2		✓	Advance Preparation	<b>8.0</b>	<b>CLEANING AND SANITIZING</b>			<b>12.0</b>	<b>LIGHTING AND VENTILATION</b>		
2.3		✓		Refrigerated Storage (Temperature)	<b>5.0</b>	<b>RECORD KEEPING AND RECALLS</b>			8.1		✓		12.1		✓	
2.4		✓		Refrigerated Storage (Methods)	5.1	✓		Record Keeping	8.2		✓		12.2		✓	
2.5		✓		Refrigerated Storage (Space)	5.2	✓		Recall of Food	<b>9.0</b>	<b>SANITARY FACILITIES</b>			<b>13.0</b>	<b>GENERAL</b>		
2.6		✓		Dry Storage	<b>6.0</b>	<b>PERSONNEL</b>			9.1		✓		13.1		✓	
2.7		✓		Storage of Food for Staff	6.1		✓	Demonstrating Knowledge	9.2		✓		13.2		✓	
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2		✓		Employee Health	<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>			13.3		✓	
3.1		✓		Thawing Methods	6.3		✓	Personal Hygiene Practices	10.1		✓				✓	
3.2		✓		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

Green  
 Light Yellow     Dark Yellow  
 Striped Red     Red

Re-inspection Required:  Yes  No  
 If Yes, Date: \_\_\_\_\_

Date of Inspection: January 26, 21  
 Received by: \_\_\_\_\_