

FOOD PREMISES INSPECTION FORM



Name of Premises: THE CHILDREN'S ACADEMY Licence #: 03-02434 Type: Class 3 Class 4 Class 5
 Operator: PEPPER Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 Address: 3360 Route 10, Unit 7, Richibucto Road 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	Item No.	N.O.	S	U
1.0	FOOD			3.3				7.0	FOOD EQUIPMENT AND UTENSILS			10.2				12.0	LIGHTING AND VENTILATION		
1.1		<input checked="" type="checkbox"/>		3.4				7.1	Holding Methods	<input checked="" type="checkbox"/>		10.3				12.1	Lighting		
1.2		<input checked="" type="checkbox"/>		3.5				7.2	Cooling Methods	<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL			12.2	Ventilation		
1.3		<input checked="" type="checkbox"/>		3.6				7.3	Re-heating Methods	<input checked="" type="checkbox"/>		11.1	Water (Quality and Quantity)			13.0	GENERAL		
2.0	FOOD STORAGE			4.0				7.4	Handling Methods	<input checked="" type="checkbox"/>		11.2	Sewage Disposal			13.1	Licence		
2.1		<input checked="" type="checkbox"/>		4.1				7.5	FOOD DISPLAY AND SERVICE	<input checked="" type="checkbox"/>		11.3	Solid Waste Handling			13.2	Rodent and Insect Control		
2.2		<input checked="" type="checkbox"/>		4.2				8.0	Display Methods	<input checked="" type="checkbox"/>						13.3	Other Infractions/Hazards		
2.3		<input checked="" type="checkbox"/>		5.0				8.1	Advance Preparation	<input checked="" type="checkbox"/>									
2.4		<input checked="" type="checkbox"/>		5.1				8.2	Record Keeping	<input checked="" type="checkbox"/>									
2.5		<input checked="" type="checkbox"/>		5.2				9.0	RECORD KEEPING AND RECALLS	<input checked="" type="checkbox"/>									
2.6		<input checked="" type="checkbox"/>		6.0				9.1	PERSONNEL	<input checked="" type="checkbox"/>									
2.7		<input checked="" type="checkbox"/>		6.1				9.2	Recall of Food	<input checked="" type="checkbox"/>									
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	Demonstrating Knowledge	<input checked="" type="checkbox"/>									
3.1		<input checked="" type="checkbox"/>		6.3				10.1	Employee Health	<input checked="" type="checkbox"/>									
3.2		<input checked="" type="checkbox"/>							Personal Hygiene Practices	<input checked="" type="checkbox"/>									

Remarks: Pre opening inspection
No violations noted - Reexamined for licensing.

Date for Correction: _____

Received by: _____ Inspector Signature: _____

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: July 8, 2020
 If Yes, Date: _____