

### FOOD PREMISES INSPECTION FORM

Name of Premises: Tim Hortons 689  
 Operator: COREY CRAIG LTD  
 Address: 69 HUB LANE  
MONCTON

Licence #: 01-00497 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			3.3				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1				3.4				7.1				10.3			
1.2				3.5				7.2		<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3				3.6				7.3				11.1			
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4				11.2			
2.1				4.1				7.5				11.3			
2.2				4.2				8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3			<input checked="" type="checkbox"/>	5.0	RECORD KEEPING AND RECALLS			8.1		<input checked="" type="checkbox"/>		12.1			
2.4				5.1				8.2				12.2			
2.5				5.2				9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6				6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.7				6.1				9.2		<input checked="" type="checkbox"/>		13.2			
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1				6.3				10.1							
3.2															

N.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
2.3	X			TEMPERATURE OF 2 DOOR COOLER ("BACK OF HOUSE") MUST BE RECORDED 2 TIMES DAILY.	NEXT INSPECTION.

<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>DEC. 3, 2018</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>A A A</u>
If Yes, Date:			