

FOOD PREMISES INSPECTION FORM



Name of Premises: Vue du Cap Cantine

Licence #: 11-00580

Operator: _____

Type: Class 3 Class 4 Class 5

Address: 2029 Ste 505 Richibourton

Category: Routine Re-inspection New Licence Other

Village NB

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					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					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				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				Recall of Food	9.0				SANITARY FACILITIES	13.0					GENERAL
2.6			<input checked="" type="checkbox"/>	Dry Storage	6.0				PERSONNEL	9.1				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				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 CEILINGS	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	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

Green Light Yellow Dark Yellow Striped Red Red

Date of Inspection: April 5/20

Re-inspection Required: Yes No

If Yes, Date: 2 weeks of operation

Received by: _____

Inspector Signature: _____

White - Office; Yellow - Operator; Blue - Copy for Posting