

**FOOD PREMISES INSPECTION FORM**

Name of Premises: Top's Pizza  
 Operator: \_\_\_\_\_  
 Address: 215 Union Street, Saint John, NB

Licence #: 02-00223 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		<input checked="" type="checkbox"/>		7.0	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2			
1.1				3.4				7.1		<input checked="" type="checkbox"/>		10.3			
1.2				3.5				7.2				<b>11.0</b>	<b>WATER SUPPLY AND WASTE DISPOSAL</b>		
1.3		<input checked="" type="checkbox"/>		3.6				7.3				11.1			
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>			7.4				11.2			
2.1				4.1				7.5				11.3			
2.2				4.2				<b>8.0</b>	<b>CLEANING AND SANITIZING</b>			<b>12.0</b>	<b>LIGHTING AND VENTILATION</b>		
2.3		<input checked="" type="checkbox"/>		5.0	<b>RECORD KEEPING AND RECALLS</b>			8.1		<input checked="" type="checkbox"/>		12.1			
2.4				5.1				8.2		<input checked="" type="checkbox"/>		12.2			
2.5				5.2				<b>9.0</b>	<b>SANITARY FACILITIES</b>			<b>13.0</b>	<b>GENERAL</b>		
2.6				<b>6.0</b>	<b>PERSONNEL</b>			9.1				13.1			
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2				<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>			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
				<u>Non-compliances 1.3, 2.3, 2.7, 3.3, 6.1, 7.1, 8.1, 8.2, 9.2 &amp; 13.2 were corrected</u>	

<input checked="" type="checkbox"/> Green	<u>Dec 12 2018</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red		If Yes, Date: