

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 Other
 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		<input checked="" type="checkbox"/>		3.4				7.1				10.3			
1.2				3.5				7.2				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		<input checked="" type="checkbox"/>		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				5.0	RECORD KEEPING AND RECALLS			8.1				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			
2.7				6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
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
				Non-compliances 1.1, 6.1, 7.4, 9.1, 9.2 & 13.2 were corrected	

Green Light Yellow Dark Yellow Striped Red Red
 Date of Inspection: March 13, 2020
 Re-inspection Required: Yes No
 If Yes, Date: _____

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