

## Food Premises Inspection Report

<b>Name of Premise:</b> Emergency Care Unit  <b>Operator:</b> Karen Cummings  <b>Address:</b> 245 St John St Saint John NB E2M 2B7	<b>Licence #:</b> 02-010978  <b>Type:</b> Class/Classe 4  <b>Category:</b> Compliance  <b>Water Supply:</b> Municipal  <b>Date of Inspection:</b> November 10, 2021
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Item no.	Description	CDI	R
<b>1.0 FOOD</b>			
1.1	S Approved Source	<input type="checkbox"/>	<input type="checkbox"/>
1.2	S Purchasing and Receiving	<input type="checkbox"/>	<input type="checkbox"/>
1.3	S Acceptable Containers and Labeling	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.0 FOOD STORAGE</b>			
2.1	S Storage of Potentially Hazardous Foods	<input type="checkbox"/>	<input type="checkbox"/>
2.2	S Frozen Storage	<input type="checkbox"/>	<input type="checkbox"/>
2.3	S Refrigerated Storage (Temperature)	<input type="checkbox"/>	<input type="checkbox"/>
2.4	S Refrigerated Storage (Methods)	<input type="checkbox"/>	<input type="checkbox"/>
2.5	S Refrigerated Storage (Space)	<input type="checkbox"/>	<input type="checkbox"/>
2.6	S Dry Storage	<input type="checkbox"/>	<input type="checkbox"/>
2.7	S Storage of Food for Staff	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.0 FOOD PREPARATION AND HANDLING</b>			
3.1	S Thawing Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.2	S Cooking Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.3	S Holding Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.4	S Cooling Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.5	S Re-heating Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.6	S Handling Methods	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.0 FOOD DISPLAY AND SERVICE</b>			
4.1	S Display Methods	<input type="checkbox"/>	<input type="checkbox"/>
4.2	S Advance Preparation	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.0 RECORD KEEPING AND RECALLS</b>			
5.1	S Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>
5.2	S Recall of Food	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.0 PERSONNEL</b>			
6.1	S Demonstrating Knowledge	<input type="checkbox"/>	<input type="checkbox"/>
6.2	S Employee Health	<input type="checkbox"/>	<input type="checkbox"/>
6.3	S Personal Hygiene Practices	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.0 FOOD EQUIPMENT AND UTENSILS</b>			
7.1	S Food Equipment (Design, Construction, Installation and Maintenance)	<input type="checkbox"/>	<input type="checkbox"/>
7.2	S Food Contact Surfaces	<input type="checkbox"/>	<input type="checkbox"/>
7.3	S Mechanical Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.4	S Manual Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>

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7.5 S Eating Utensils and Dishes

## 8.0 CLEANING AND SANITIZING

8.1 U Cleaning and Sanitizing

8.2 S Detergents and Chemical Use and Storage

## 9.0 SANITARY FACILITIES

9.1 S Washroom(s)

9.2 S Hand Washing Station(s)

## 10.0 FLOORS, WALLS AND CEILINGS

10.1 S Floors (Construction and Maintenance)

10.2 S Walls (Construction and Maintenance)

10.3 S Ceilings (Constructions and Maintenance)

## 11.0 WATER SUPPLY AND WASTE DISPOSAL

11.1 S Water (Quality and Quantity)

11.2 S Sewage Disposal

11.3 S Solid Waste Handling

## 12.0 LIGHTING AND VENTILATION

12.1 N.O. Lighting

12.2 S Ventilation

## 13.0 GENERAL

13.1 S Licence

13.2 S Rodent and Insect Control

13.3 S Other Infractions/Hazards


*N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory MI - Minor infraction; MA - Major infraction; CR - Critical infraction, CDI - Corrected During Inspection, R - Repeated infraction*

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item	MI /MA/ CR	Remarks	Date for Correction
8.1	MI	Non-food contact equipment shall be kept clean and sanitary	November 24, 2021

## CLOSING COMMENTS

**Rating color:** Green

Received By: Andrew Trambly

Inspector Signature: Isaac Saad, Public Health Inspector