

## FOOD PREMISES INSPECTION FORM

Name of Establishment: Melvin H Restaurant  
 119  
 Address: 1281-2 St. Maurice  
Shippagan NB

Licence #: 63-00126 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		<input checked="" type="checkbox"/>	Holding Methods	7.0				FOOD EQUIPMENT AND UTENSILS	10.2		<input checked="" type="checkbox"/>
1.1		<input checked="" type="checkbox"/>		Approved Source	3.4		<input checked="" type="checkbox"/>	Cooling Methods	7.1		<input checked="" type="checkbox"/>	10.3		<input checked="" type="checkbox"/>		Walls (Construction 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"/>			<input checked="" type="checkbox"/>		Ceiling (Constructions and Maintenance)
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	3.6		<input checked="" type="checkbox"/>	Handling Methods	7.3		<input checked="" type="checkbox"/>	11.0		<input checked="" type="checkbox"/>		WATER SUPPLY AND WASTE DISPOSAL
2.0		<input checked="" type="checkbox"/>		FOOD STORAGE	4.0		<input checked="" type="checkbox"/>	FOOD DISPLAY AND SERVICE	7.4		<input checked="" type="checkbox"/>	11.1		<input checked="" type="checkbox"/>		Water (Quality and Quantity)
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"/>	11.2		<input checked="" type="checkbox"/>		Sewage Disposal
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2		<input checked="" type="checkbox"/>	Advance Preparation	8.0		<input checked="" type="checkbox"/>	11.3		<input checked="" type="checkbox"/>		Solid Waste Handling
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	5.0		<input checked="" type="checkbox"/>	RECORD KEEPING AND RECALLS	8.1		<input checked="" type="checkbox"/>	12.0		<input checked="" type="checkbox"/>		LIGHTING AND VENTILATION
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	5.1		<input checked="" type="checkbox"/>	Record Keeping	8.2		<input checked="" type="checkbox"/>	12.1		<input checked="" type="checkbox"/>		Lighting
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	5.2		<input checked="" type="checkbox"/>	Recall of Food	9.0		<input checked="" type="checkbox"/>	12.2		<input checked="" type="checkbox"/>		Ventilation
2.6		<input checked="" type="checkbox"/>		Dry Storage	6.0		<input checked="" type="checkbox"/>	PERSONNEL	9.1		<input checked="" type="checkbox"/>	13.0		<input checked="" type="checkbox"/>		GENERAL
2.7		<input checked="" type="checkbox"/>		Storage of Food for Staff	6.1		<input checked="" type="checkbox"/>	Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>	13.1		<input checked="" type="checkbox"/>		Licence
3.0		<input checked="" type="checkbox"/>		FOOD PREPARATION AND HANDLING	6.2		<input checked="" type="checkbox"/>	Employee Health	10.0		<input checked="" type="checkbox"/>	13.2		<input checked="" type="checkbox"/>		Rodent and Insect Control
3.1		<input checked="" type="checkbox"/>		Thawing Methods	6.3		<input checked="" type="checkbox"/>	Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>	13.3		<input checked="" type="checkbox"/>		Other Infractions/Hazards
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
2.4		<input checked="" type="checkbox"/>		Spears ribs. must be covered completely by plastic. (corrected)	immediately
11.3	<input checked="" type="checkbox"/>			old cardboard boxes must be put to garbage.	april 27 2018

<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>April 25<sup>th</sup> 2018</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:	Received by: <u>[Signature]</u>	Inspector Signature: <u>[Signature]</u>
--	---	--	---------------------------------	---

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