

FOOD PREMISES INSPECTION FORM

Name of Premises: The Castle Inn

Operator: 21 Brentwood Drive

Address: PERTH-ANDOVER, NB

Licence #: 32-00206

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	
1.0				FOOD	3.3				Holding Methods	7.0				FOOD EQUIPMENT AND UTENSILS
1.1		<input checked="" type="checkbox"/>		Approved Source	3.4				Cooling Methods	7.1		<input checked="" type="checkbox"/>		Food Equipment (Design, Construction, Installation and Maintenance)
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.5				Re-heating Methods	7.2		<input checked="" type="checkbox"/>		Food Contact Surfaces
1.3		<input checked="" type="checkbox"/>		Accessible Containers and Labeling	3.6				Handling Methods	7.3		<input checked="" type="checkbox"/>		Mechanical Dishwashing
2.0				FOOD STORAGE	4.0				FOOD DISPLAY AND SERVICE	7.4		<input checked="" type="checkbox"/>		Manual Dishwashing
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	4.1				Display Methods	7.5		<input checked="" type="checkbox"/>		Eating Utensils and Dishes
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2				Advance Preparation	8.0		<input checked="" type="checkbox"/>		CLEANING AND SANITIZING
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	5.0				RECORD KEEPING AND RECALLS	8.1		<input checked="" type="checkbox"/>		Cleaning and Sanitizing
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
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	5.2				Recall of Food	9.0		<input checked="" type="checkbox"/>		SANITARY FACILITIES
2.6		<input checked="" type="checkbox"/>		Dry Storage	6.0				PERSONNEL	9.1		<input checked="" type="checkbox"/>		Washroom(s)
2.7		<input checked="" type="checkbox"/>		Storage of Food for Staff	6.1				Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		Hand Washing Stations
3.0				FOOD PREPARATION AND HANDLING	5.2				Employee Health	10.0		<input checked="" type="checkbox"/>		FLOORS, WALLS AND CEILING
3.1		<input checked="" type="checkbox"/>		Thawing Methods	6.3				Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>		Floors (Construction and Maintenance)
3.2		<input checked="" type="checkbox"/>		Cooking Methods	6.3					10.1		<input checked="" type="checkbox"/>		
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: Oct 23/19

Re-inspection Required:  Yes  No

If Yes, Date:

White – Office Yellow – Operator Blue – Copy for Posting