

FOOD PREMISES INSPECTION FORM

Name of Premises: Millstream, Irving
 Operator: _____
 Address: 13502 Route 16, Berwick NB

Licence #: 02-02923 Type: Class 3 Class 4 Class 5
 y: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 Water Supply: Private Municipal



Item No.	NO	U	Item Description	Item No.	NO	S	U	Item Description	Item No.	NO	S	U	Item Description
1.0			FOOD	3.3				Holding Methods	7.0				FOOD EQUIPMENT AND UTENSILS
1.1		<input checked="" type="checkbox"/>	Approved Source	3.4	<input checked="" type="checkbox"/>			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	<input checked="" type="checkbox"/>			Re-heating Methods	7.2			<input checked="" type="checkbox"/>	Food Contact Surfaces
1.3		<input checked="" type="checkbox"/>	Acceptable Containers and Labeling	3.6	<input checked="" type="checkbox"/>			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			<input checked="" type="checkbox"/>	Display Methods	7.5			<input checked="" type="checkbox"/>	Eating Utensils and Dishes
2.2		<input checked="" type="checkbox"/>	Frozen Storage	4.2	<input checked="" type="checkbox"/>			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	<input checked="" type="checkbox"/>			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	<input checked="" type="checkbox"/>			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			<input checked="" type="checkbox"/>	Demonstrating Knowledge	9.2			<input checked="" type="checkbox"/>	Hand Washing Station(s)
3.0			FOOD PREPARATION AND HANDLING	6.2				Employee Health	10.0			<input checked="" type="checkbox"/>	FLOORS, WALLS AND CEILINGS
3.1		<input checked="" type="checkbox"/>	Thawing Methods	6.3	<input checked="" type="checkbox"/>			Personal Hygiene Practices	10.1			<input checked="" type="checkbox"/>	Floors (Construction and Maintenance)
3.2		<input checked="" type="checkbox"/>	Cooking Methods										GENERAL

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction

Item No.	MI	MA	CR	Remarks	Disposition
1.3		X		Date of preparation must be on all food products.	Corrected.
2.4		X		Raw foods must not be stored above ready to eat foods.	Corrected
7.1	X			Dividers in drawers must be made of material that is smooth and able to be cleaned/sanitized.	Immediately.
9.1	X			Wood around the hand sink in the staff washroom must be replaced.	Next Inspection
6.1	X			Proof of food handler training must be available upon request.	Next Inspection
4.1	X			Donuts must be protected against contamination.	Immediately.

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: June 25/19
 If Yes, Date: _____

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