

FOOD PREMISES INSPECTION FORM

Name of Premises: A & W Oromecto
 Operator: _____
 Address: 14 Commerce St. Oromecto, NB

Licence #: 03-02152 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			7.0	FOOD EQUIPMENT AND UTENSILS			10.0	GENERAL			10.0	GENERAL		
1.1		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL			11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION			12.0	LIGHTING AND VENTILATION		
2.3		<input checked="" type="checkbox"/>		8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES			13.0	GENERAL			13.0	GENERAL		
2.6		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>									
3.2		<input checked="" type="checkbox"/>		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
13.3	<input checked="" type="checkbox"/>			E) At time of inspection, pop syrup observed to have been expired in Feb 2009. Staff removed immediately. Please verify best before dates upon receiving. E) latex gloves used for staff were observed. Please note several staff cannot use latex gloves due to allergies. Please consider using alternative latex-free glove.	corrected. immediately ongoing
				Received complaint regarding mold on buns. At time of inspection, no mould was found. Education was provided.	

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 If Yes, Date: _____

Date of Inspection: Dec 14 / 2010

Received by: _____