

FOOD PREMISES INSPECTION FORM

Name of Premises: Bathurst High School Cafeteria
 Operator: Bathurst Superior Cafeterias
 Address: 560 West 640 King Ave Bathurst

Licence #: 06-80045 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		✓		Approved Source	3.4	✓			Cooling Methods	7.1		✓		Food Equipment (Design, Construction, Installation and Maintenance)
1.2		✓		Purchasing and Receiving	3.5	✓			Re-heating Methods	7.2		✓		Food Contact Surfaces
1.3				Acceptable Containers and Labeling	3.6		✓		Handling Methods	7.3		✓		Mechanical Dishwashing
2.0				FOOD STORAGE	4.0				FOOD DISPLAY AND SERVICE	7.4		✓		Manual Dishwashing
2.1		✓		Storage of Potentially Hazardous Foods	4.1		✓		Display Methods	7.5		✓		Eating Utensils and Dishes
2.2		✓		Frozen Storage	4.2		✓		Advance Preparation	8.0				CLEANING AND SANITIZING
2.3			✓	Refrigerated Storage (Temperature)	5.0				RECORD KEEPING AND RECALLS	8.1		✓		Cleaning and Sanitizing
2.4		✓		Refrigerated Storage (Methods)	5.1	✓			Record Keeping	8.2		✓		Detergents and Chemical Use and Storage
2.5		✓		Refrigerated Storage (Space)	5.2	✓			Recall of Food	9.0				SANITARY FACILITIES
2.6		✓		Dry Storage	6.0				PERSONNEL	9.1		✓		Washroom(s)
2.7		✓		Storage of Food for Staff	6.1		✓		Demonstrating Knowledge	9.2		✓		Hand Washing Station(s)
3.0				FOOD PREPARATION AND HANDLING	6.2		✓		Employee Health	10.0				FLOORS, WALLS AND CEILINGS
3.1		✓		Thawing Methods	6.3		✓		Personal Hygiene Practices	10.1		✓		Floors (Construction and Maintenance)
3.2		✓		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
2.3	✓			Temperatures for the milk fridge are not being recorded every day. Paper towels must be in a dispenser at all time	Immediately corrected
9.2	✓				

<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>May 26, 2021</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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