

Food Premises Inspection Report

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| Name of Premise: Under One Sky Address: 303 Union Street Fredericton NB E3A 3M1 | Licence #: 03-01308 Type: Class/Classe 4 Category: Compliance Water Supply: Municipal Date of Inspection: August 19, 2021 |
|---|--|

| Item no. | Description | CDI | R |
|--|---|--------------------------|--------------------------|
| 1.0 FOOD | | | |
| 1.1 | S Approved Source | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | S Purchasing and Receiving | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | S Acceptable Containers and Labeling | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.0 FOOD STORAGE | | | |
| 2.1 | S Storage of Potentially Hazardous Foods | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 | S Frozen Storage | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 | S Refrigerated Storage (Temperature) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 | S Refrigerated Storage (Methods) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5 | S Refrigerated Storage (Space) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.6 | S Dry Storage | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7 | S Storage of Food for Staff | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.0 FOOD PREPARATION AND HANDLING | | | |
| 3.1 | S Thawing Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 | S Cooking Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 | S Holding Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 | S Cooling Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.5 | S Re-heating Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.6 | S Handling Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.0 FOOD DISPLAY AND SERVICE | | | |
| 4.1 | S Display Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 | S Advance Preparation | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.0 RECORD KEEPING AND RECALLS | | | |
| 5.1 | N.O. Record Keeping | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 | N.O. Recall of Food | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.0 PERSONNEL | | | |
| 6.1 | S Demonstrating Knowledge | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 | S Employee Health | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 | S Personal Hygiene Practices | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.0 FOOD EQUIPMENT AND UTENSILS | | | |
| 7.1 | S Food Equipment (Design, Construction, Installation and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2 | S Food Contact Surfaces | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3 | S Mechanical Dishwashing | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.4 | S Manual Dishwashing | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.5 | S Eating Utensils and Dishes | <input type="checkbox"/> | <input type="checkbox"/> |

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8.0 CLEANING AND SANITIZING

- | | | | | |
|-----|---|---|--------------------------|--------------------------|
| 8.1 | S | Cleaning and Sanitizing | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.2 | S | Detergents and Chemical Use and Storage | <input type="checkbox"/> | <input type="checkbox"/> |

9.0 SANITARY FACILITIES

- | | | | | |
|-----|---|-------------------------|--------------------------|--------------------------|
| 9.1 | S | Washroom(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2 | S | Hand Washing Station(s) | <input type="checkbox"/> | <input type="checkbox"/> |

10.0 FLOORS, WALLS AND CEILINGS

- | | | | | |
|------|---|--|--------------------------|--------------------------|
| 10.1 | S | Floors (Construction and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2 | S | Walls (Construction and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3 | S | Ceilings (Constructions and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |

11.0 WATER SUPPLY AND WASTE DISPOSAL

- | | | | | |
|------|---|------------------------------|--------------------------|--------------------------|
| 11.1 | S | Water (Quality and Quantity) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.2 | S | Sewage Disposal | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.3 | S | Solid Waste Handling | <input type="checkbox"/> | <input type="checkbox"/> |

12.0 LIGHTING AND VENTILATION

- | | | | | |
|------|---|-------------|--------------------------|--------------------------|
| 12.1 | S | Lighting | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.2 | S | Ventilation | <input type="checkbox"/> | <input type="checkbox"/> |

13.0 GENERAL

- | | | | | |
|------|---|---------------------------|--------------------------|--------------------------|
| 13.1 | S | Licence | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.2 | S | Rodent and Insect Control | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.3 | S | Other Infractions/Hazards | <input type="checkbox"/> | <input type="checkbox"/> |

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory MI - Minor infraction; MA - Major infraction; CR - Critical infraction, CDI - Corrected During Inspection, R - Repeated infraction

OBSERVATIONS AND CORRECTIVE ACTIONS

| Item | MI /MA/ CR | Remarks | Date for correction |
|------|------------|---------|---------------------|
|------|------------|---------|---------------------|

CLOSING COMMENTS

No deficiencies observed during inspection.

Rating color

Green