

## FOOD PREMISES INSPECTION FORM

Name of Premises: Tom Hopkins #1433 Westford Rd  
 Operator: \_\_\_\_\_  
 Address: 3701 Westford Rd Westford/St John NB.

Licence #: 02-01791 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	
<b>1.0</b>	<b>FOOD</b>			3.3		/		Holding Methods	7.0	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2		/	
1.1		/		3.4		/		Cooling Methods	7.1		/		10.3		/	
1.2		/		3.5		/		Re-heating Methods	7.2		/		<b>11.0</b>	<b>WATER SUPPLY AND WASTE DISPOSAL</b>		
1.3		/		3.6		/		Handling Methods	7.3		/		11.1		/	
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>			7.4		/		11.2		/		
2.1		/		4.1		/		Display Methods	7.5		/		11.3		/	
2.2		/		4.2		/		Advance Preparation	<b>8.0</b>	<b>CLEANING AND SANITIZING</b>			<b>12.0</b>	<b>LIGHTING AND VENTILATION</b>		
2.3		/		<b>5.0</b>	<b>RECORD KEEPING AND RECALLS</b>			8.1		/		12.1		/		
2.4		/		5.1		/		Record Keeping	8.2		/		12.2		/	
2.5		/		5.2		/		Recall of Food	<b>9.0</b>	<b>SANITARY FACILITIES</b>			<b>13.0</b>	<b>GENERAL</b>		
2.6		/		<b>6.0</b>	<b>PERSONNEL</b>			9.1		/		13.1		/		
2.7		/		6.1		/		Demonstrating Knowledge	9.2		/		13.2		/	
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2		/		Employee Health	<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>			13.3		/	
3.1		/		6.3		/		Personal Hygiene Practices	10.1		/					
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
2.4	x			Store food in a manner that prevents cross contamination. Cook food in walk-in freezer.	Immediate
10.1	v			Clean floor in back kitchen	Immediate
10.1	v			Clean floor in walk-in refrigerator.	Immediate

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	17-Dalk Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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