

FOOD PREMISES INSPECTION FORM



Name of Premises: 878 Waterhouse Bistro & Cafe'
 Operator: Shirley Hansen
 Address: 878 Waterhouse Drive
Perth-Andover, NB

Licence #: 32-00243 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			3.3		<input checked="" type="checkbox"/>		Holding Methods	7.0			10.2		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1			10.3		<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	3.5		<input checked="" type="checkbox"/>		Re-heating Methods	7.2			11.0		<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3			11.1		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0		<input checked="" type="checkbox"/>		FOOD DISPLAY AND SERVICE	7.4			11.2		<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	4.1		<input checked="" type="checkbox"/>		Display Methods	7.5			11.3		<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0			12.0		<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	5.0		<input checked="" type="checkbox"/>		RECORD KEEPING AND RECORDS	8.1			12.1		<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	5.1		<input checked="" type="checkbox"/>		Record Keeping	8.2			12.2		<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	5.2		<input checked="" type="checkbox"/>		Recall of Food	9.0			13.0		<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	6.0		<input checked="" type="checkbox"/>		PERSONNEL	9.1			13.1		<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2			13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		Employee Health	10.0			13.3		<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1						
3.2								Cooking Methods							
			<input checked="" type="checkbox"/>					SANITARY FACILITIES							
			<input checked="" type="checkbox"/>					Washroom(s)							
			<input checked="" type="checkbox"/>					Hand Washing Station(s)							
			<input checked="" type="checkbox"/>					FLOORS, WALLS AND CEILINGS							
			<input checked="" type="checkbox"/>					Floors (Construction and Maintenance)							
			<input checked="" type="checkbox"/>					CLEANING AND SANITIZING							
			<input checked="" type="checkbox"/>					Cleaning and Sanitizing							
			<input checked="" type="checkbox"/>					Detergents and Chemical Use and Storage							
			<input checked="" type="checkbox"/>					LIQUID SUPPLY AND WASTE DISPOSAL							
			<input checked="" type="checkbox"/>					Water (Quality and Quantity)							
			<input checked="" type="checkbox"/>					Solid Waste Handling							
			<input checked="" type="checkbox"/>					LIQUID AND VENTILATION							
			<input checked="" type="checkbox"/>					Lighting							
			<input checked="" type="checkbox"/>					GENERAL							
			<input checked="" type="checkbox"/>					Licence							
			<input checked="" type="checkbox"/>					Rodent and Insect Control							
			<input checked="" type="checkbox"/>					Other Infractions/Hazards							

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
B1	<input checked="" type="checkbox"/>			Expired test strips for Aw - Replace	next insp.

<input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input checked="" type="checkbox"/> Green <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	Date of Inspection: <u>5 05 2020</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Date:	Received by:	Inspector Signature:
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