

FOOD PREMISES INSPECTION FORM



Name of Premises: Saint John Regional Hospital
 Operator: _____
 Address: 400 University Ave
Saint John, NB

Licence #: 02-00186
 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Other
 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		✓		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2		✓	
1.1		✓		3.4	✓			Cooling Methods	7.1		✓		10.3		✓	
1.2		✓		3.5	✓			Re-heating Methods	7.2		✓		11.0 WATER SUPPLY AND WASTE DISPOSAL			
1.3		✓		3.6		✓		Handling Methods	7.3		✓			✓		
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4			✓		11.1		✓	
2.1		✓		4.1		✓		Display Methods	7.5		✓	✓	11.2		✓	
2.2		✓		4.2		✓		Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3			✓	5.0	RECORD KEEPING AND RECALLS			8.1		✓			12.1		✓	
2.4		✓		5.1		✓		Record Keeping	8.2		✓		12.2		✓	
2.5		✓		5.2		✓		Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		✓		6.0	PERSONNEL			9.1		✓			13.1		✓	
2.7		✓		6.1		✓		Demonstrating Knowledge	9.2		✓		13.2		✓	
3.0	FOOD PREPARATION AND HANDLING			6.2		✓		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3		✓	
3.1	✓			6.3		✓		Personal Hygiene Practices	10.1		✓					
3.2		✓		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		X		Food items in the cooler next to the toaster in the grill area were 10°C + Items were removed and placed in larger cooler. Temperatures of the small preparation cooler must be monitored closely as the toaster appears to be affecting temperatures.	Corrected
7.4		X		Sanitizer in the salad preparation area was less than 50ppm. QUAT sanitizers must be 200ppm.	Corrected

<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>Jan 30/2020</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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White – Office; Yellow – Operator; Blue – Copy for Posting