

FOOD PREMISES INSPECTION FORM

Name of Premises: Tim Hortons 199 H. Lynd St.
 Operator: _____
 Address: 199 H. Lynd St. St John. NB.

Licence #: 02-00217 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				3.3		/		7.0				10.2		/	
FOOD				FOOD EQUIPMENT AND UTENSILS								WATER SUPPLY AND WASTE DISPOSAL			
1.1		/		3.4	/			7.1		/		10.3		/	
1.2		/		3.5	/			7.2		/		11.0			
1.3		/		3.6		/		7.3		/		11.1		/	
2.0				4.0				7.4		/		11.2		/	
FOOD STORAGE				FOOD DISPLAY AND SERVICE				CLEANING AND SANITIZING				LIGHTING AND VENTILATION			
2.1		/		4.1		/		7.5		/		11.3		/	
2.2		/		4.2		/		8.0				12.0			
2.3		/		5.0				8.1		X		12.1		/	
2.4		/		5.1		/		8.2		X	/	12.2		/	
2.5		/		5.2		/		9.0				13.0			
2.6		/		6.0				9.1		/		13.1		/	
2.7		/		6.1		/		9.2		/		13.2		/	
3.0				6.2		/		10.0				13.3		/	
3.1		/		6.3		/		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
8.2		X		Santizer solution shall be kept at the appropriate concentration	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>07 Nov 18</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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