

FOOD PREMISES INSPECTION FORM

Name of Premises: Circle K # 2138
 Operator: _____
 Address: 10 Chemin du Marais
St-Louis-de-Kent, NB

Licence #: 11-00479 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		✓		7.0	FOOD EQUIPMENT AND UTENSILS			10.2				Walls (Construction and Maintenance)
1.1				3.4				7.1				10.3				Ceilings (Constructions and Maintenance)
1.2				3.5				7.2				11.0	WATER SUPPLY AND WASTE DISPOSAL			
1.3				3.6				7.3				11.1				Water (Quality and Quantity)
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4				11.2				Sewage Disposal
2.1				4.1				7.5				11.3				Solid Waste Handling
2.2				4.2				8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION			
2.3		✓		5.0	RECORD KEEPING AND RECALLS			8.1				12.1				Lighting
2.4				5.1				8.2				12.2				Ventilation
2.5				5.2				9.0	SANITARY FACILITIES			13.0	GENERAL			
2.6				6.0	PERSONNEL			9.1				13.1				Licence
2.7				6.1				9.2				13.2				Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILINGS			13.3				Other Infractions/Hazards
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

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<u>Aug-1st 2018</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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