

FOOD PREMISES INSPECTION FORM



Name of Premises: BULGOGI
 Operator: _____
 Address: 459 KING ST, FREDERICTON

Licence #: 03-02411
 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		/		7.0	FOOD EQUIPMENT AND UTENSILS			10.2		/	
1.1		/		3.4		/		7.1		/		10.3		/	
1.2		/		3.5		/		7.2		/		11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		/		3.6		/		7.3		/		11.1		/	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		/		11.2		/	
2.1		/		4.1		/		7.5		/		11.3		/	
2.2		/		4.2		/		8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3	OK	/		5.0	RECORD KEEPING AND RECALLS			8.1		/		12.1		/	
2.4		/		5.1		/		8.2			/	12.2		/	
2.5		/		5.2		/		9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		/		6.0	PERSONNEL			9.1		/		13.1		/	
2.7		/		6.1		/		9.2		/		13.2		/	
3.0	FOOD PREPARATION AND HANDLING			6.2		/		10.0	FLOORS, WALLS AND CEILINGS			13.3	/		
3.1		/		6.3	OK	/		10.1		/					
3.2		/		<i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i>											

Item No.	MI	MA	CR	Remarks	Date for Correction
2.7	X			Food for personal use of management staff and employees shall be kept separate and apart from all other food in the premises. Corrected during inspection.	CORRECTED
6.3	X			Employees shall refrain from any practice that may result in the contamination of food; ensure all personal items and baby supplies are removed from areas where food is prepared or served. Cross-contamination hazard. Corrected during inspection.	CORRECTED
2.3	X			Temperatures shall be recorded at least 2 times daily for all refrigeration units.	CORRECTED
8.2		X		Only approved sanitizers shall be used; sanitized w/s above recommended concentration at time of inspection. Cross contamination risk; chemical hazard. Corrected.	CORRECTED

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	Date of Inspection: <u>June 29, 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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