

Name of Premises: DENTAL SUITE
 Operator: _____
 Address: 1180 Prospect Frederickton

Licence #: 03-07306 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							
1.1		/	/	3.4		/	/	7.1		/	/	10.3		/	/
1.2		/	/	3.5		/	/	7.2		/	/				
1.3		/	/	3.6		/	/	7.3		/	/	11.0		/	/
												WATER SUPPLY AND WASTE DISPOSAL			
2.0		/	/	4.0		/	/	7.4		/	/	11.1		/	/
	FOOD STORAGE							FOOD DISPLAY AND SERVICE							
2.1		/	/	4.1		/	/	7.5		/	/	11.2		/	/
2.2		/	/	4.2		/	/	8.0		/	/	11.3		/	/
								CLEANING AND SANITIZING							
2.3		/	/	5.0		/	/	8.1		/	/	12.0		/	/
												LIGHTING AND VENTILATION			
2.4		/	/	5.1		/	/	8.2		/	/	12.1		/	/
2.5		/	/	5.2		/	/	9.0		/	/	12.2		/	/
								SANITARY FACILITIES							
2.6		/	/	6.0		/	/	9.1		/	/	13.0		/	/
								PERSONNEL				GENERAL			
2.7		/	/	6.1		/	/	9.2		/	/	13.1		/	/
3.0		/	/	6.2		/	/	10.0		/	/	13.2		/	/
	FOOD PREPARATION AND HANDLING							FLOORS, WALLS AND CEILINGS							
3.1		/	/	6.3		/	/	10.1		/	/	13.3		/	/
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

Green Re-inspection Required: Yes No

Light Yellow Dark Yellow

Striped Red Red

Date of Inspection: Nov. 15/10 If Yes, Date: _____

White - Office; Yellow - Operator; Blue - Copy for Posting