

FOOD PREMISES INSPECTION FORM

Name of Premises: The School Zone Cafe
 Operator: _____
 Address: 25 Mackenzie Ave.
Oranmcto High School 1

Licence #: 03-02267 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		<input checked="" type="checkbox"/>		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS				10.2			<input checked="" type="checkbox"/>		Walls (Construction and Maintenance)
1.1		<input checked="" type="checkbox"/>		Approved Source	3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1			<input checked="" type="checkbox"/>		10.3			<input checked="" type="checkbox"/>		Ceilings (Constructions and Maintenance)	
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.5		<input checked="" type="checkbox"/>		Re-heating Methods	7.2			<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL					
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3			<input checked="" type="checkbox"/>		11.1			<input checked="" type="checkbox"/>		Water (Quality and Quantity)	
2.0	FOOD STORAGE				4.0	FOOD DISPLAY AND SERVICE				7.4			<input checked="" type="checkbox"/>		11.2			<input checked="" type="checkbox"/>		Sewage Disposal	
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	4.1			<input checked="" type="checkbox"/>	Display Methods	7.5			<input checked="" type="checkbox"/>		11.3			<input checked="" type="checkbox"/>		Solid Waste Handling	
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2			<input checked="" type="checkbox"/>	Advance Preparation	8.0	CLEANING AND SANITIZING				12.0	LIGHTING AND VENTILATION					
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	5.0	RECORD KEEPING AND RECALLS				8.1			<input checked="" type="checkbox"/>		12.1			<input checked="" type="checkbox"/>		Lighting	
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	5.1			<input checked="" type="checkbox"/>	Record Keeping	8.2			<input checked="" type="checkbox"/>		12.2			<input checked="" type="checkbox"/>		Ventilation	
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	5.2		<input checked="" type="checkbox"/>		Recall of Food	9.0	SANITARY FACILITIES				13.0	GENERAL					
2.6			<input checked="" type="checkbox"/>	Dry Storage	6.0	PERSONNEL				9.1			<input checked="" type="checkbox"/>		13.1			<input checked="" type="checkbox"/>		Licence	
2.7	<input checked="" type="checkbox"/>			Storage of Food for Staff	6.1			<input checked="" type="checkbox"/>	Demonstrating Knowledge	9.2			<input checked="" type="checkbox"/>		13.2			<input checked="" type="checkbox"/>		Rodent and Insect Control	
3.0	FOOD PREPARATION AND HANDLING				6.2			<input checked="" type="checkbox"/>	Employee Health	10.0	FLOORS, WALLS AND CEILINGS				13.3			<input checked="" type="checkbox"/>		Other Infractions/Hazards	
3.1	<input checked="" type="checkbox"/>			Thawing Methods	6.3			<input checked="" type="checkbox"/>	Personal Hygiene Practices	10.1			<input checked="" type="checkbox"/>								
3.2	<input checked="" type="checkbox"/>			Cooking Methods																	

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
2.6	<input checked="" type="checkbox"/>			<p>Foods shall be stored in a manner to prevent cross-contamination.</p> <p>Scoops shall be kept out of bins.</p>	

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: 2019-11-07

Re-inspection Required: Yes No

If Yes, Date: _____