

FOOD PREMISES INSPECTION FORM

Name of Premises: Tim Hortons Donuts (Roseberry)
 Operator: _____
 Address: 75, Roseberry St. Campbellton, NB

Licence #: 05-00161 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		<input checked="" type="checkbox"/>		7.0				10.2		<input checked="" type="checkbox"/>	
FOOD				Holding Methods				FOOD EQUIPMENT AND UTENSILS				Walls (Construction and Maintenance)			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
Approved Source				Cooling Methods				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Constructions and Maintenance)			
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		WATER SUPPLY AND WASTE DISPOSAL			
Purchasing and Receiving				Re-heating Methods				Food Contact Surfaces				Water (Quality and Quantity)			
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
Acceptable Containers and Labeling				Handling Methods				Mechanical Dishwashing				Sewage Disposal			
2.0				FOOD DISPLAY AND SERVICE				7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
FOOD STORAGE				Display Methods				Manual Dishwashing				Solid Waste Handling			
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
Storage of Potentially Hazardous Foods				Advance Preparation				Eating Utensils and Dishes				LIGHTING AND VENTILATION			
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		CLEANING AND SANITIZING				Lighting			
Frozen Storage				Record Keeping and Recalls				Cleaning and Sanitizing				Ventilation			
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
Refrigerated Storage (Temperature)				Record Keeping				Detergents and Chemical Use and Storage				Licence			
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
Refrigerated Storage (Methods)				Recall of Food				SANITARY FACILITIES				Rodent and Insect Control			
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		Washroom(s)				Other Infractions/Hazards			
Refrigerated Storage (Space)				PERSONNEL				Hand Washing Station(s)							
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
Dry Storage				Demonstrating Knowledge				Floors, Walls and Ceilings							
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
Storage of Food for Staff				Employee Health				Floors (Construction and Maintenance)							
3.0				6.2		<input checked="" type="checkbox"/>		FLOORS, WALLS AND CEILINGS							
FOOD PREPARATION AND HANDLING				Personal Hygiene Practices											
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>									
Thawing Methods															
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(A)	<input checked="" type="checkbox"/>			The covers of the sugar and icing sugar is puffed. There is a risk of physical contamination. The covers must be replaced.	Immediate

<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>May 29, 2018</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____	Received by: _____	Inspector Signature: _____
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