

### FOOD PREMISES INSPECTION FORM



Name of Premises: Booster Juice  
 Operate: \_\_\_\_\_  
 Address: M<sup>c</sup>Allister Mall, Saint John

Licence #: 02-02890  
 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	<b>FOOD</b>			3.3	<input checked="" type="checkbox"/>			Holding Methods	7.0	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2	<input checked="" type="checkbox"/>		
1.1	<input checked="" type="checkbox"/>			3.4	<input checked="" type="checkbox"/>			Cooling Methods	7.1	<input checked="" type="checkbox"/>			10.3	<input checked="" type="checkbox"/>		
1.2	<input checked="" type="checkbox"/>			3.5	<input checked="" type="checkbox"/>			Re-heating Methods	7.2	<input checked="" type="checkbox"/>			11.0	<b>WATER SUPPLY AND WASTE DISPOSAL</b>		
1.3	<input checked="" type="checkbox"/>			3.6	<input checked="" type="checkbox"/>			Handling Methods	7.3	<input checked="" type="checkbox"/>			11.1	<input checked="" type="checkbox"/>		
2.0	<b>FOOD STORAGE</b>			4.0	<b>FOOD DISPLAY AND SERVICE</b>			7.4	<input checked="" type="checkbox"/>			11.2	<input checked="" type="checkbox"/>			
2.1	<input checked="" type="checkbox"/>			4.1	<input checked="" type="checkbox"/>			Display Methods	7.5	<input checked="" type="checkbox"/>			11.3	<input checked="" type="checkbox"/>		
2.2	<input checked="" type="checkbox"/>			4.2	<input checked="" type="checkbox"/>			Advance Preparation	8.0	<b>CLEANING AND SANITIZING</b>			12.0	<b>LIGHTING AND VENTILATION</b>		
2.3	<input checked="" type="checkbox"/>			5.0	<b>RECORD KEEPING AND RECALLS</b>			8.1	<input checked="" type="checkbox"/>			12.1	<input checked="" type="checkbox"/>			
2.4	<input checked="" type="checkbox"/>			5.1	<input checked="" type="checkbox"/>			Record Keeping	8.2	<input checked="" type="checkbox"/>			12.2	<input checked="" type="checkbox"/>		
2.5	<input checked="" type="checkbox"/>			5.2	<input checked="" type="checkbox"/>			Recall of Food	9.0	<b>SANITARY FACILITIES</b>			13.0	<b>GENERAL</b>		
2.6	<input checked="" type="checkbox"/>			6.0	<b>PERSONNEL</b>			9.1	<input checked="" type="checkbox"/>			13.1	<input checked="" type="checkbox"/>			
2.7	<input checked="" type="checkbox"/>			6.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2	<input checked="" type="checkbox"/>			13.2	<input checked="" type="checkbox"/>		
3.0	<b>FOOD PREPARATION AND HANDLING</b>			6.2	<input checked="" type="checkbox"/>			Employee Health	10.0	<b>FLOORS, WALLS AND CEILINGS</b>			13.3	<input checked="" type="checkbox"/>		
3.1	<input checked="" type="checkbox"/>			6.3	<input checked="" type="checkbox"/>			Personal Hygiene Practices	10.1	<input checked="" type="checkbox"/>						
3.2	<input checked="" type="checkbox"/>			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
6.1				At least 1 person per shift requires food safety training.	Corrected

Green      Dark Yellow      Light Yellow      Striped Red      Red  
 Re-inspection Required:  Yes      No  
 Date of Inspection: Feb 4, 2020  
 If Yes, Date: ~~Feb 18, 2020~~

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