

Food Premises Inspection Report

Name of Premise: Goody Shop Address: 701 Albert Street Fredericton NB E3B 2C5	Licence #: 03-012047 Type: Category: Pre-Operational Water Supply: Municipal Date of Inspection: February 2, 2022
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Item no.	Description	CDI	R
1.0 FOOD			
1.1	S Approved Source	<input type="checkbox"/>	<input type="checkbox"/>
1.2	S Purchasing and Receiving	<input type="checkbox"/>	<input type="checkbox"/>
1.3	S Acceptable Containers and Labeling	<input type="checkbox"/>	<input type="checkbox"/>
2.0 FOOD STORAGE			
2.1	S Storage of Potentially Hazardous Foods	<input type="checkbox"/>	<input type="checkbox"/>
2.2	S Frozen Storage	<input type="checkbox"/>	<input type="checkbox"/>
2.3	S Refrigerated Storage (Temperature)	<input type="checkbox"/>	<input type="checkbox"/>
2.4	S Refrigerated Storage (Methods)	<input type="checkbox"/>	<input type="checkbox"/>
2.5	S Refrigerated Storage (Space)	<input type="checkbox"/>	<input type="checkbox"/>
2.6	U Dry Storage	<input type="checkbox"/>	<input type="checkbox"/>
2.7	S Storage of Food for Staff	<input type="checkbox"/>	<input type="checkbox"/>
3.0 FOOD PREPARATION AND HANDLING			
3.1	N.O. Thawing Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.2	S Cooking Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.3	N.O. Holding Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.4	N.O. Cooling Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.5	N.O. Re-heating Methods	<input type="checkbox"/>	<input type="checkbox"/>
3.6	N.O. Handling Methods	<input type="checkbox"/>	<input type="checkbox"/>
4.0 FOOD DISPLAY AND SERVICE			
4.1	S Display Methods	<input type="checkbox"/>	<input type="checkbox"/>
4.2	S Advance Preparation	<input type="checkbox"/>	<input type="checkbox"/>
5.0 RECORD KEEPING AND RECALLS			
5.1	S Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>
5.2	S Recall of Food	<input type="checkbox"/>	<input type="checkbox"/>
6.0 PERSONNEL			
6.1	S Demonstrating Knowledge	<input type="checkbox"/>	<input type="checkbox"/>
6.2	S Employee Health	<input type="checkbox"/>	<input type="checkbox"/>
6.3	S Personal Hygiene Practices	<input type="checkbox"/>	<input type="checkbox"/>
7.0 FOOD EQUIPMENT AND UTENSILS			
7.1	U Food Equipment (Design, Construction, Installation and Maintenance)	<input type="checkbox"/>	<input type="checkbox"/>
7.2	S Food Contact Surfaces	<input type="checkbox"/>	<input type="checkbox"/>
7.3	N.O. Mechanical Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.4	S Manual Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.5	S Eating Utensils and Dishes	<input type="checkbox"/>	<input type="checkbox"/>

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8.0 CLEANING AND SANITIZING

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|-----|---|---|--------------------------|--------------------------|
| 8.1 | S | Cleaning and Sanitizing | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.2 | S | Detergents and Chemical Use and Storage | <input type="checkbox"/> | <input type="checkbox"/> |

9.0 SANITARY FACILITIES

- | | | | | |
|-----|---|-------------------------|--------------------------|--------------------------|
| 9.1 | S | Washroom(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2 | S | Hand Washing Station(s) | <input type="checkbox"/> | <input type="checkbox"/> |

10.0 FLOORS, WALLS AND CEILINGS

- | | | | | |
|------|---|--|--------------------------|--------------------------|
| 10.1 | S | Floors (Construction and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2 | S | Walls (Construction and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3 | S | Ceilings (Constructions and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |

11.0 WATER SUPPLY AND WASTE DISPOSAL

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|------|---|------------------------------|--------------------------|--------------------------|
| 11.1 | S | Water (Quality and Quantity) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.2 | S | Sewage Disposal | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.3 | S | Solid Waste Handling | <input type="checkbox"/> | <input type="checkbox"/> |

12.0 LIGHTING AND VENTILATION

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|------|---|-------------|--------------------------|--------------------------|
| 12.1 | S | Lighting | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.2 | S | Ventilation | <input type="checkbox"/> | <input type="checkbox"/> |

13.0 GENERAL

- | | | | | |
|------|---|---------------------------|--------------------------|--------------------------|
| 13.1 | S | Licence | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.2 | S | Rodent and Insect Control | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.3 | S | Other Infractions/Hazards | <input type="checkbox"/> | <input type="checkbox"/> |

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory MI - Minor infraction; MA - Major infraction; CR - Critical infraction, CDI - Corrected During Inspection, R - Repeated infraction

OBSERVATIONS AND CORRECTIVE ACTIONS

Item	MI /MA/ CR	Remarks	Date for correction
2.6	MI	Shelves/cupboards shall be designed to facilitate effective cleaning and sanitation and be of sound construction and in good repair Observations: Shelves in basement are constructed of raw wood that cannot be easily cleaned and sanitized. Comment: Paint or apply a finish to dry storage shelving downstairs.	Immediately
7.1	MI	Non-food contact equipment shall be constructed from materials that are suitable for their intended purpose and are durable, easily cleaned and free from any undesirable substance Observations: Countertop in sandwich preparation area and baking room are damaged. Comment: Replace or fix damage countertops so they can be easily cleaned and sanitiz	Immediately

CLOSING COMMENTS

All outstanding violations are to be corrected at the next routine inspection. Recommended for licensing.

Rating color **Green**