

FOOD PREMISES INSPECTION FORM

Name of Premise: A&W
 Operator: _____
 Address: 1018 Prospect St.
Fredericton, NB

Licence #: 03-00673 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"/> | |
| 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"/> | | | | | |
| 1.3 | | <input checked="" type="checkbox"/> | | 3.6 | | <input checked="" type="checkbox"/> | | Handling Methods | 7.3 | | <input checked="" type="checkbox"/> | | 11.0 | WATER SUPPLY AND WASTE DISPOSAL | | |
| 2.0 | FOOD STORAGE | | | 4.0 | FOOD DISPLAY AND SERVICE | | | 7.4 | | | <input checked="" type="checkbox"/> | | 11.1 | | <input checked="" type="checkbox"/> | |
| 2.1 | | <input checked="" type="checkbox"/> | | 4.1 | | <input checked="" type="checkbox"/> | | Display Methods | 7.5 | | <input checked="" type="checkbox"/> | | 11.2 | | <input checked="" type="checkbox"/> | |
| 2.2 | | <input checked="" type="checkbox"/> | | 4.2 | | <input checked="" type="checkbox"/> | | Advance Preparation | 8.0 | CLEANING AND SANITIZING | | | 12.0 | LIGHTING AND VENTILATION | | |
| 2.3 | | <input checked="" type="checkbox"/> | | 5.0 | RECORD KEEPING AND RECALLS | | | 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 | SANITARY FACILITIES | | | 13.0 | GENERAL | | |
| 2.6 | | <input checked="" type="checkbox"/> | | 6.0 | PERSONNEL | | | 9.1 | | | <input checked="" type="checkbox"/> | | 13.1 | | <input checked="" type="checkbox"/> | |
| 2.7 | | <input checked="" type="checkbox"/> | | 6.1 | | <input checked="" type="checkbox"/> | | Demonstrating Knowledge | 9.2 | | <input checked="" type="checkbox"/> | | 13.2 | | <input checked="" type="checkbox"/> | |
| 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"/> | |
| 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"/> | | | | | | 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 |
|----------|----|----|----|--|---------------------|
| | | | | No infractions @ time of inspection. | |
| | | | | cigarette butts at littered in designated smoking area. | |
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| <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>0042/18</u> | Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____ |
|--|------------------------------------|--|