

FOOD PREMISES INSPECTION FORM



Name of Premises: 50 Myers St. Residential Program Licence #: 01-00336

Operator: _____ Type: Class 3 Class 4 Class 5

Address: 50 Myers St. Moncton, NB 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 FOOD				3.3	✓			7.0 FOOD EQUIPMENT AND UTENSILS				10.2		✓	
1.1		✓		3.4	✓			7.1		✓		10.3		✓	
1.2		✓		3.5	✓			7.2		✓		11.0 WATER SUPPLY AND WASTE DISPOSAL			
1.3		✓		3.6	✓			7.3		✓		11.1		✓	
2.0 FOOD STORAGE				4.0 FOOD DISPLAY AND SERVICE				7.4		✓		11.2		✓	
2.1		✓		4.1	✓			7.5		✓		11.3		✓	
2.2		✓		4.2	✓			8.0 CLEANING AND SANITIZING				12.0 LIGHTING AND VENTILATION			
2.3		✓		5.0 RECORD KEEPING AND RECALLS				8.1		✓		12.1		✓	
2.4		✓		5.1				8.2			✓	12.2		✓	
2.5		✓		5.2				9.0 SANITARY FACILITIES				13.0 GENERAL			
2.6		✓		6.0 PERSONNEL				9.1		✓		13.1		✓	
2.7	✓			6.1		✓		9.2		✓		13.2		✓	
3.0 FOOD PREPARATION AND HANDLING				6.2		✓		10.0 FLOORS, WALLS AND CEILINGS				13.3		✓	
3.1	✓			6.3		✓		10.1		✓					
3.2	✓			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
8.2		✓		Sanitizer solution shall be used in strict accordance with the manufacturer's instructions on the label or 200ppm. At time of inspection sanitizer was too strong. Was fixed at time of inspection.	Corrected

Green Light Yellow Dark Yellow Striped Red Red
 Date of Inspection: Nov. 17, 2020 Re-inspection Required: Yes No
 If Yes, Date: Dec 1, 2020 Received by: _____ Inspector Signature: _____