

FOOD PREMISES INSPECTION FORM



Name of Premises: PAPA ZOMBI'S Licence #: 03-01654 Type: Class 3 Class 4 Class 5
 Operator: Zoea Main St Unit 3 Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 Address: Fredericton NB 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			X	7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL	<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0				7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2			X	4.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING	<input checked="" type="checkbox"/>		12.0	LIGHTING AND VENTILATION	<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES	<input checked="" type="checkbox"/>		13.0	GENERAL	<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS	<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		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
2.2	<input checked="" type="checkbox"/>			B. Freezers shall be kept in good repair, defrost regularly, and kept clean - chest freezer requires a defrost	Immediate
3.3	<input checked="" type="checkbox"/>			D. Cold holding temperatures shall be checked regularly and recorded at least twice daily and logs shall be available per store to review	Immediate
8.1	<input checked="" type="checkbox"/>			H. The facilities and equipment necessary to carry out effective cleaning and sanitizing shall be provided or shall be accessible - sanitizer solution should be prepared to maintain proper food contact equipment in sanitary condition	Corrected
9.2		<input checked="" type="checkbox"/>		F. Hand wash stations shall not be used for any other purpose - Upon inspection, sanitizing cloth was used under this sink	Corrected

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: 09/12/2020

Re-inspection Required: Yes No

If Yes, Date: _____

Inspector sign: _____