

## FOOD PREMISES INSPECTION FORM



Name of Premises: St-Martin Daycare & After-school Kids Klub  
 Operator: Anglican Parish of Shediac  
 Address: 3400 Route 134  
Shediac Cape NB

Licence #: 01-00022  
 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"/>			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"/>			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"/>		<b>11.0 WATER SUPPLY AND WASTE DISPOSAL</b>			
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	<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"/>			7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2	<input checked="" type="checkbox"/>			4.2	<input checked="" type="checkbox"/>			<b>8.0 CLEANING AND SANITIZING</b>			<b>12.0 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"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5	<input checked="" type="checkbox"/>			5.2		<input checked="" type="checkbox"/>		<b>9.0 SANITARY FACILITIES</b>			<b>13.0 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"/>		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"/>		<b>10.0 FLOORS, WALLS AND CEILINGS</b>			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"/>			<i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i>											

Item No.	MI	MA	CR	Remarks	Date for Correction
				<u>The kitchen is not in operation due to Covid-19.</u>	

<input checked="" type="checkbox"/> Green	<u>Nov 17, 2020</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Received by: _____	Inspector Signature: _____
<input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red		If Yes, Date: _____		