

# FOOD PREMISES INSPECTION FORM

Name of Premises: Centre For Youth Care - Nolan Ave Licence #: 02-02351

Type:  Class 3  Class 4  Class 5

Operator: 171 Nolan Ave Saint John Category:  Routine  Re-inspection  New Licence  Complaint  CD Follow-up Inspection

Address: 171 Nolan Ave Saint John Water Supply:  Private  Municipal



Item No.	N.O.	S	U	Item Description	Item No.	N.O.	S	U	Item Description	Item No.	N.O.	S	U	Item Description
1.0	FOOD				7.0	FOOD EQUIPMENT AND UTENSILS			10.2					Walls (Construction and Maintenance)
1.1		<input checked="" type="checkbox"/>		Approved Source	7.1		<input checked="" type="checkbox"/>		10.3					Ceilings (Construction and Maintenance)
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	7.2		<input checked="" type="checkbox"/>		11.0					Water (Quality and Quantity)
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	7.3		<input checked="" type="checkbox"/>		11.1					Water (Quality and Quantity)
2.0	FOOD STORAGE				7.4		<input checked="" type="checkbox"/>		11.2					Sewage Disposal
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	7.5		<input checked="" type="checkbox"/>		11.3					Solid Waste Handling
2.2		<input checked="" type="checkbox"/>		Frozen Storage	8.0	CLEANING AND SANITIZING	<input checked="" type="checkbox"/>		12.0					LIGHTING AND VENTILATION
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	8.1		<input checked="" type="checkbox"/>		12.1					Lighting
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	8.2		<input checked="" type="checkbox"/>		12.2					Ventilation
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	9.0	SANITARY FACILITIES			13.0					GENERAL
2.6		<input checked="" type="checkbox"/>		Dry Storage	9.1		<input checked="" type="checkbox"/>		13.1					Licence
3.0	FOOD PREPARATION AND HANDLING				9.2		<input checked="" type="checkbox"/>		13.2					Rodent and Insect Control
3.1		<input checked="" type="checkbox"/>		Storage of Food for Staff	10.0	FLOORS, WALLS AND CEILINGS	<input checked="" type="checkbox"/>		13.3					Other Infractions/Hazards
3.2		<input checked="" type="checkbox"/>		Thawing Methods	10.1		<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
8.1	<input checked="" type="checkbox"/>			No test strips for verify the strength of the bleach sanitizer. Sanitizer concentration has to be 100ppm (per bleach)	Dec 23/2020

Green  
 Light Yellow  
 Striped Red

Dark Yellow  
 Red

Green  
 Dark Yellow  
 Red

Striped Red

Dec. 10 / 2020  
 Date of Inspection:

Re-inspection Required:  Yes  No  
 If Yes, Date: Dec. 23 / 2020