

## FOOD PREMISES INSPECTION FORM

Name of Premises: Mama's Restaurant  
 Operator: [Signature]  
 Address: 800 Fairville Blvd, Saint John

Licence #: 02-03138 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	<b>FOOD</b>			3.3				7.0	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2				Walls (Construction and Maintenance)
1.1				3.4				7.1				10.3				Ceilings (Constructions and Maintenance)
1.2				3.5				7.2				11.0	<b>WATER SUPPLY AND WASTE DISPOSAL</b>			
1.3				3.6				7.3				11.1				Water (Quality and Quantity)
2.0	<b>FOOD STORAGE</b>			4.0	<b>FOOD DISPLAY AND SERVICE</b>			7.4				11.2				Sewage Disposal
2.1				4.1				7.5				11.3				Solid Waste Handling
2.2				4.2				8.0	<b>CLEANING AND SANITIZING</b>			12.0	<b>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				Lighting
2.4				5.1				8.2				12.2			<input checked="" type="checkbox"/>	Ventilation
2.5				5.2				9.0	<b>SANITARY FACILITIES</b>			13.0	<b>GENERAL</b>			
2.6				6.0	<b>PERSONNEL</b>			9.1				13.1				Licence
2.7				6.1			<input checked="" type="checkbox"/>	9.2				13.2				Rodent and Insect Control
3.0	<b>FOOD PREPARATION AND HANDLING</b>			6.2				10.0	<b>FLOORS, WALLS AND CEILINGS</b>			13.3				Other Infractions/Hazards
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
12.2	<input checked="" type="checkbox"/>			The ventilation system does not work properly especially inside men washroom, fix it as soon as possible	Immediately

<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>NOV. 6/2019</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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