

FOOD PREMISES INSPECTION FORM



Name of Premises: The Moncton Hospital
 Operator: Moncton Hospital
 Address: 135 Mac Beath Ave, Moncton, NB

Licence #: 01-00489
 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				3.3				7.0				10.2			
FOOD				Holding Methods				FOOD EQUIPMENT AND UTENSILS				Walls (Construction and Maintenance)			
1.1				3.4				7.1				10.3			
Approved Source				Cooling Methods				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Construction and Maintenance)			
1.2				3.5				7.2				WATER SUPPLY AND WASTE DISPOSAL			
Purchasing and Receiving				Re-heating Methods				Food Contact Surfaces				Water (Quality and Quantity)			
1.3				3.6				7.3				11.0			
Acceptable Containers and Labeling				Handling Methods				Mechanical Dishwashing				Sewage Disposal			
2.0				4.0				7.4				11.1			
FOOD STORAGE				FOOD DISPLAY AND SERVICE				Manual Dishwashing				Solid Waste Handling			
2.1				4.1				7.5				11.2			
Storage of Potentially Hazardous Foods				Display Methods				Eating Utensils and Dishes				LIGHTING AND VENTILATION			
2.2				4.2				8.0				12.0			
Frozen Storage				Advance Preparation				CLEANING AND SANITIZING				Lighting			
2.3				5.0				8.1				12.1			
Refrigerated Storage (Temperature)				RECORD KEEPING AND RECALLS				Cleaning and Sanitizing				Ventilation			
2.4				5.1				8.2				12.2			
Refrigerated Storage (Methods)				Record Keeping				Detergents and Chemical Use and Storage				GENERAL			
2.5				5.2				9.0				13.0			
Refrigerated Storage (Space)				Recall of Food				SANITARY FACILITIES				Licence			
2.6				6.0				9.1				13.1			
Dry Storage				PERSONNEL				Washroom(s)				Rodent and Insect Control			
2.7				6.1				9.2				13.2			
Storage of Food for Staff				Demonstrating Knowledge				Hand Washing Station(s)				Other Infractions/Hazards			
3.0				6.2				10.0				13.3			
FOOD PREPARATION AND HANDLING				Employee Health				FLOORS, WALLS AND CEILINGS							
3.1				6.3				10.1							
Thawing Methods				Personal Hygiene Practices				Floors (Construction and Maintenance)							
3.2				Cooking Methods											

Item No.	MI	MA	CR	Remarks	Date for Correction
2.2				Backshop freezer requires defrosting.	immediately
2.6				coop obscured in dry bin. Please show in holder.	corrected
2.4				Racks in dairy cooler are rusting and require replacement	next routine inspection

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: March 25, 22

Re-inspection Required: Yes No

If Yes, Date: _____

Received by: _____ Inspector Signature: _____

White - Office; Yellow - Operator; Blue - Copy for Posting