

FOOD PREMISES INSPECTION FORM



Name of Premises: Countryside Residence Special Care Home
 Operator: _____
 Address: 74 West Main St. Port Elgin, NB

Licence #: 01-00468
 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		✓	
1.1		✓		3.4	✓			7.1		✓		10.3		✓	
1.2				3.5	✓			7.2		✓		11.0			
1.3			✓	3.6	✓			7.3		✓		11.1		✓	
2.0				4.0				7.4	✓			11.2		✓	
2.1		✓		4.1	✓			7.5		✓		11.3		✓	
2.2		✓		4.2	✓			8.0				12.0			
2.3		✓		5.0				8.1		✓		12.1		✓	
2.4				5.1	✓			8.2			✓	12.2		✓	
2.5				5.2	✓			9.0				13.0			
2.6		✓		6.0				9.1		✓		13.1		✓	
2.7	✓			6.1		✓		9.2		✓		13.2		✓	
3.0				6.2		✓		10.0				13.3		✓	
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
8.2	✓			Sanitizer bottles must be properly labelled and available in sufficient quantity to encourage appropriate regular use. Sanitizer bottle was not clearly labelled but fixed at time of inspection.	Corrected
1.3	✓			Foods must be properly labelled with item name and dated. At time of inspection strawberry mixture in fridge was not labelled.	Immediately
2.4		✓		Foods shall be stored in a manner to prevent cross-contamination. At time of inspection eggs were not placed at the bottom of the fridge. Was corrected at time of inspection.	Corrected

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: Nov. 2, 2020

Re-inspection Required: Yes No

If Yes, Date: _____ Received by: _____ Inspector Signature: _____

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