

FOOD PREMISES INSPECTION FORM



Name of Premises: Independent Plus (Grocery)
 Operator: 2 Gordwicks St, Assist John NB
 Address: 2 Gordwicks St, Assist John NB

Licence #: 02-02412
 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 | FOOD | | | 3.3 | <input checked="" type="checkbox"/> | | | 7.0 | FOOD EQUIPMENT AND UTENSILS | | | 10.2 | | <input checked="" type="checkbox"/> | | Walls (Construction and Maintenance) |
| 1.1 | | <input checked="" type="checkbox"/> | | 3.4 | | | | 7.1 | | <input checked="" type="checkbox"/> | | 10.3 | | <input checked="" type="checkbox"/> | | Ceilings (Construction and Maintenance) |
| 1.2 | | <input checked="" type="checkbox"/> | | 3.5 | <input checked="" type="checkbox"/> | | | 7.2 | | <input checked="" type="checkbox"/> | | 11.0 | WATER SUPPLY AND WASTE DISPOSAL | <input checked="" type="checkbox"/> | | |
| 1.3 | | <input checked="" type="checkbox"/> | | 3.6 | <input checked="" type="checkbox"/> | | | 7.3 | | <input checked="" type="checkbox"/> | | 11.1 | | <input checked="" type="checkbox"/> | | Water (Quality and Quantity) |
| 2.0 | FOOD STORAGE | | | 4.0 | | | | 7.4 | | <input checked="" type="checkbox"/> | | 11.2 | | <input checked="" type="checkbox"/> | | Sewage Disposal |
| 2.1 | | <input checked="" type="checkbox"/> | | 4.1 | | | | 7.5 | | <input checked="" type="checkbox"/> | | 11.3 | | <input checked="" type="checkbox"/> | | Solid Waste Handling |
| 2.2 | | <input checked="" type="checkbox"/> | | 4.2 | <input checked="" type="checkbox"/> | | | 8.0 | CLEANING AND SANITIZING | <input checked="" type="checkbox"/> | | 12.0 | LIGHTING AND VENTILATION | <input checked="" type="checkbox"/> | | Lighting |
| 2.3 | | <input checked="" type="checkbox"/> | | 5.0 | | | | 8.1 | | <input checked="" type="checkbox"/> | | 12.1 | | <input checked="" type="checkbox"/> | | Ventilation |
| 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 | | | | 9.0 | SANITARY FACILITIES | | | 13.0 | GENERAL | | | |
| 2.6 | | <input checked="" type="checkbox"/> | | 6.0 | | | | 9.1 | | <input checked="" type="checkbox"/> | | 13.1 | | <input checked="" type="checkbox"/> | | Licence |
| 2.7 | | <input checked="" type="checkbox"/> | | 6.1 | | | | 9.2 | | <input checked="" type="checkbox"/> | | 13.2 | | <input checked="" type="checkbox"/> | | Rodent and Insect Control |
| 3.0 | FOOD PREPARATION AND HANDLING | | | 6.2 | | | | 10.0 | FLOORS, WALLS AND CEILINGS | <input checked="" type="checkbox"/> | | 13.3 | | <input checked="" type="checkbox"/> | | Other Infractions/Hazards |
| 3.1 | | <input checked="" type="checkbox"/> | | 6.3 | | | | 10.1 | | <input checked="" type="checkbox"/> | | | | | | |
| 3.2 | | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | |
| 2.2 | | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | |
| 8.2 | | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | |
| 8.2 | | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | |

2.2 MI Chest freezer has ice buildup and must undergo a defrost cycle. to permit effective cleaning and sanitizing. Feb 3, 2021

8.2 MA Sanitizer concentration was observed to be >100ppm. Chlorine sanitizer must be at 100ppm. corrected

8.2 CR sanitizing test strips were observed to be expired. New strips must be purchased. Feb 3, 2021

Green Dark Yellow Re-inspection Required: Yes No
 Light Yellow Red Date of Inspection: Jan 27 2021
 Striped Red If Yes, Date: