

FOOD PREMISES INSPECTION FORM



Name of Premises: RIDGEWOOD VETERAN'S WING Licence #: 02-00562

Operator: _____
 Address: 422 Bay Street
Saint John West
 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling Methods	7.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Re-heating Methods	7.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.0	WATER SUPPLY AND WASTE DISPOSAL			
1.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handling Methods	7.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Display Methods	7.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.0	RECORD KEEPING AND RECALLS			8.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record Keeping	8.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.0	PERSONNEL			9.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demonstrating Knowledge	9.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Hygiene Practices	10.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
3.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: 11 Dec 2019
 Re-inspection Required: Yes No
 If Yes, Date: _____

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