

FOOD PREMISES INSPECTION FORM

Name of Premises: WINDSOR COURT RETIREMENT RES.

Licence #: 03-00388

Operator: _____

Type: Class 3 Class 4 Class 5

Address: 10 BARTON CRES, FREDERICTON

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		/		7.0	FOOD EQUIPMENT AND UTENSILS			10.2		/	
1.1		/		3.4		/		7.1		/		10.3		/	
1.2		/		3.5		/		7.2		/		11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		/		3.6		/		7.3		/		11.1		/	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		/		11.2		/	
2.1		/		4.1		/		7.5		/		11.3		/	
2.2		/		4.2		/		8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		/		5.0	RECORD KEEPING AND RECALLS			8.1		/		12.1		/	
2.4		/		5.1		/		8.2		/		12.2		/	
2.5		/		5.2		/		9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		/		6.0	PERSONNEL			9.1		/		13.1		/	
2.7		/		6.1		/		9.2		/		13.2		/	
3.0	FOOD PREPARATION AND HANDLING			6.2		/		10.0	FLOORS, WALLS AND CEILINGS			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
2.6	X			Foal must be not in direct contact with the floor: onions must be updt the floor. Cross-contamination hazard. Corrected during inspection.	Corrected
9.2	X			Paper towel must be in a dispenser. Cross contamination hazard. Corrected during inspection.	Corrected
12.1	X			Overhead lighting must be shielded or shatter proof. Cross contamination hazard. Replace missing light shield in kitchen.	Next routine inspection.

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No

Date of Inspection: Mar 23, 2020 If Yes, Date: _____

Received by: _____ Inspector Signature: _____

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