

FOOD PREMISES INSPECTION FORM

Name of Premises: Kelly Special Care Home
 Operator: _____
 Address: 3553 rte 108
Quincyville, NB

Licence #: 07-00905
 Type: Class 3 Class 3 WH Class 4 Class 5
 Additional Info: PM TE Catering
 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				Cooking Methods											

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
11.1				infraction corrected	

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: December 7, 2021
 If Yes, Date: _____