Name of Premises: Operator: Address:		Nashwarksis Y's Me 605 Clatter St Frederictor	Licence #:									Brunswick		
No.	N.O. S . U		Item No.	NO 8/ U		Hora No.	N.O.	s	U	Item No.	N.O.	S	, U	
	FOOD		3.3	1 1/1	Holding Methods	7.0	FOOD EC	DUIPNU	ENT AND UTENSILS	10.2			1	Walls (Construction and Maintenance)
1.1	1/2	Approved Source	3.4		Cooling Methods	7.1		1	Food Equipment (Design, Construction, Installation and Maintenance)	10.3		/		Ceilings (Constructions and Maintenance)
1.2		Purchasing and Receiving	3.5		Re-heating Methods	7.2		1//	Food Contact Surfaces	11.0	WATER	SUPP	KY AN	D WASTE DISPOSAL
1.3		Acceptable Containers and Labeling	3.6		Handling Methods	7.3		11.	Mechanical Dishwashing	11.1			12	Water (Quality and Quantity)
	FOOD STORAGE		4.0	FOOD DISPLAY AN	ID SERVICE	7.4		//	Manual Dishwashing	11.2				Sewage Disposal
2.1		Storage of Potentially Hazardous Foods	4.1	//	Display Methods	7.5		/	Eating Utensils and Dishes	11.3				Solid Waste Handling
2.2	1/1	Frozen Storage	4.2		Advance Preparation	8.0	CLEANIN	IG AND	SANITIZING	12.0	LIGHTI	NG AN	DVEN	TILATION
2.3	//	Refrigerated Storage (Temperature)	5.0	RECORD KEEPING	AND RECALLS	8.1			Cleaning and Sanitizing	12.1				Lighting
2.4		Refrigerated Storage (Methods)	5.1		Record Keeping	8.2		1	Detergents and Chemical Use and Storage	12.2				Ventilation
2.5		Refrigerated Storage (Space)	5.2		Recall of Food	9.0	SANITAR	YFAC		13.0	GENER	AL	1	
2.6		Dry Storage	6,0	PERSONNEL		9.1	-	//	Washroom(s)	13.1		//	$\overline{}$	Licence
3.0	TOOD DOCKADAT	Storage of Food for Staff ON AND HANDLING	6.1	1 //	Demonstrating Knowledge	9.2		/	Hand Washing Station(s)	13.2		/		Rodent and Insect Control
	FOOD PREPARAI	Thawing Methods	6.2	1 //-	Employee Health	10.0	FLOORS,	, WALL	S AND CEILINGS	13.3	-			Other Infractions/Hazards
3.1		Cooking Methods	6.3		Personal Hygiene Practices	10.1		/	Floors (Construction and Maintenance)  tory; MI – Minor Infraction; MA – Major Infraction	1000				
Rem N	o. Wi f	NA CR				Romarks								Date for Correction
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Light \		ark Yellow Date of Inspection	on:	Re-inspection Required: If Yes, Date:	Yes No					,				