

FOOD PREMISES INSPECTION FORM

Name of Premises: TRI-COUNTY COMPLEX
 Operator: TRI-COUNTY COMPLEX
 Address: 49 PRINCE OF WALES RD FREDERICTON JUNCTON

Licence #: 0301205 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 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				3.3				7.0				10.2			
FOOD				Holding Methods				FOOD EQUIPMENT AND UTENSILS				Walls (Construction and Maintenance)			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
				Approved Source				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Constructions 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			
				Purchasing and Receiving				Food Contact Surfaces							
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
				Acceptable Containers and Labeling				Mechanical Dishwashing				Water (Quality and Quantity)			
2.0				4.0				7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
FOOD STORAGE				FOOD DISPLAY AND SERVICE				Manual Dishwashing				Sewage Disposal			
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
				Storage of Potentially Hazardous Foods				Advance Preparation				Solid Waste Handling			
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0 CLEANING AND SANITIZING				12.0 LIGHTING AND VENTILATION			
				Frozen Storage				Cleaning and Sanitizing				Lighting			
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
				Refrigerated Storage (Temperature)				Detergents and Chemical Use and Storage				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"/>	
				Refrigerated Storage (Methods)				9.0 SANITARY FACILITIES				13.0 GENERAL			
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
				Refrigerated Storage (Space)				Washroom(s)				Licence			
2.6		<input checked="" type="checkbox"/>		6.0				9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
				PERSONNEL				Hand Washing Station(s)				Rodent and Insect Control			
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		10.0				13.3		<input checked="" type="checkbox"/>	
				Storage of Food for Staff				FLOORS, WALLS AND CEILINGS				Other Infractions/Hazards			
3.0				6.2		<input checked="" type="checkbox"/>		10.1							
FOOD PREPARATION AND HANDLING				Demonstrating Knowledge				Floors (Construction and Maintenance)							
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>									
				Employee Health											
3.2		<input checked="" type="checkbox"/>		Personal Hygiene Practices											
				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
10.1	<input checked="" type="checkbox"/>			REPLACE/REPAIR BROKEN OR MISSING FLOOR TILES	NEXT BUSINESS DAY

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Date of Inspection: <u>MARCH 2018</u> If Yes, Date: _____