

FOOD PREMISES INSPECTION FORM



Name of Premises: Juvus Moose - McAllister

Licence #: 02-00761

Operator: _____

Type: Class 3 Class 4 Class 5

Address: McAllister Mall - Saint John

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"/> | | Holding Methods | 7.0 | FOOD EQUIPMENT AND UTENSILS | | | 10.2 | | <input checked="" type="checkbox"/> | |
| 1.1 | | <input checked="" type="checkbox"/> | | 3.4 | | <input checked="" type="checkbox"/> | | Cooling Methods | 7.1 | | <input checked="" type="checkbox"/> | | 10.3 | | <input checked="" type="checkbox"/> | |
| 1.2 | | <input checked="" type="checkbox"/> | | 3.5 | | <input checked="" type="checkbox"/> | | Re-heating Methods | 7.2 | | <input checked="" type="checkbox"/> | | 11.0 | WATER SUPPLY AND WASTE DISPOSAL | | |
| 1.3 | | <input checked="" type="checkbox"/> | | 3.6 | | <input checked="" type="checkbox"/> | | Handling Methods | 7.3 | | <input checked="" type="checkbox"/> | | 11.1 | | <input checked="" type="checkbox"/> | |
| 2.0 | FOOD STORAGE | | | 4.0 | FOOD DISPLAY AND SERVICE | | | 7.4 | | <input checked="" type="checkbox"/> | | 11.2 | | <input checked="" type="checkbox"/> | | |
| 2.1 | | <input checked="" type="checkbox"/> | | 4.1 | | <input checked="" type="checkbox"/> | | Display Methods | 7.5 | | <input checked="" type="checkbox"/> | | 11.3 | | <input checked="" type="checkbox"/> | |
| 2.2 | | <input checked="" type="checkbox"/> | | 4.2 | | <input checked="" type="checkbox"/> | | Advance Preparation | 8.0 | CLEANING AND SANITIZING | | | 12.0 | LIGHTING AND VENTILATION | | |
| 2.3 | | <input checked="" type="checkbox"/> | | 5.0 | RECORD KEEPING AND RECALLS | | | 8.1 | | <input checked="" type="checkbox"/> | | 12.1 | | <input checked="" type="checkbox"/> | | |
| 2.4 | | <input checked="" type="checkbox"/> | | 5.1 | | <input checked="" type="checkbox"/> | | Record Keeping | 8.2 | | <input checked="" type="checkbox"/> | | 12.2 | | <input checked="" type="checkbox"/> | |
| 2.5 | | <input checked="" type="checkbox"/> | | 5.2 | | <input checked="" type="checkbox"/> | | Recall of Food | 9.0 | SANITARY FACILITIES | | | 13.0 | GENERAL | | |
| 2.6 | | <input checked="" type="checkbox"/> | | 6.0 | PERSONNEL | | | 9.1 | | <input checked="" type="checkbox"/> | | 13.1 | | <input checked="" type="checkbox"/> | | |
| 2.7 | <input checked="" type="checkbox"/> | | | 6.1 | | <input checked="" type="checkbox"/> | | Demonstrating Knowledge | 9.2 | | <input checked="" type="checkbox"/> | | 13.2 | | <input checked="" type="checkbox"/> | |
| 3.0 | FOOD PREPARATION AND HANDLING | | | 6.2 | | <input checked="" type="checkbox"/> | | Employee Health | 10.0 | FLOORS, WALLS AND CEILINGS | | | 13.3 | <input checked="" type="checkbox"/> | | |
| 3.1 | | | | 6.3 | | <input checked="" type="checkbox"/> | | Personal Hygiene Practices | 10.1 | | <input checked="" type="checkbox"/> | | | | | |
| 3.2 | | | | <i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i> | | | | | | | | | | | | |

| Item No. | MI | MA | CR | Remarks | Date for Correction |
|----------|-------------------------------------|----|----|---|---------------------|
| 502 | <input checked="" type="checkbox"/> | | | Purchase new test strips for quaternary Ammonium sanitizer. | |
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Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No

Date of Inspection: Sept 24/2019
 If Yes, Date: _____