

## FOOD PREMISES INSPECTION FORM

Name of Premises: Wizard's Cafe  
 Operator: [Signature]  
 Address: 671 Fairville Blvd, Saint John

Licence #: 02-02702 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	
<b>1.0</b>	<b>FOOD</b>			3.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Holding Methods	<b>7.0</b>	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2		<input checked="" type="checkbox"/>	Walls (Construction and Maintenance)
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"/>	Ceilings (Constructions and Maintenance)	
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		Re-heating Methods	7.2		<input checked="" type="checkbox"/>	<b>11.0</b>	<b>WATER SUPPLY AND WASTE DISPOSAL</b>			
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"/>	Water (Quality and Quantity)	
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>			7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	Sewage Disposal	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	7.5		<input checked="" type="checkbox"/>	11.3		<input checked="" type="checkbox"/>	Solid Waste Handling	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		Frozen Storage	<b>8.0</b>	<b>CLEANING AND SANITIZING</b>			<b>12.0</b>	<b>LIGHTING AND VENTILATION</b>		
2.3		<input checked="" type="checkbox"/>		<b>5.0</b>	<b>RECORD KEEPING AND RECALLS</b>			8.1			<input checked="" type="checkbox"/>	12.1		<input checked="" type="checkbox"/>	Lighting	
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	8.2		<input checked="" type="checkbox"/>	12.2		<input checked="" type="checkbox"/>	Ventilation	
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	<b>9.0</b>	<b>SANITARY FACILITIES</b>			<b>13.0</b>	<b>GENERAL</b>		
2.6		<input checked="" type="checkbox"/>		<b>6.0</b>	<b>PERSONNEL</b>			9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	Licence	
2.7	<input checked="" type="checkbox"/>			6.1		<input checked="" type="checkbox"/>		Dry Storage	9.2		<input checked="" type="checkbox"/>	13.2		<input checked="" type="checkbox"/>	Rodent and Insect Control	
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2		<input checked="" type="checkbox"/>		Storage of Food for Staff	<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>			13.3		<input checked="" type="checkbox"/>	Other Infractions/Hazards
3.1	<input checked="" type="checkbox"/>			6.3		<input checked="" type="checkbox"/>		Demonstrating Knowledge	10.1		<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>						Employee Health								
								Personal Hygiene Practices								

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
3.3		<input checked="" type="checkbox"/>		Hot holding temperature shall be checked regularly and recorded every four hours during operation times	Corrected
8.1		<input checked="" type="checkbox"/>		Bleach sanitizer solution concentration was too weak (less than 50ppm) at the time of inspection. It shall be 100ppm	Corrected

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<p style="font-size: large; font-weight: bold;">March 20/2019</p> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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