

## FOOD PREMISES INSPECTION FORM

Name of Premises: McDonald's Rest - Fairville B.V. Licence #: 02-00161 Type:  Class 3  Class 4  Class 5  
 Operator: \_\_\_\_\_ Agency:  Routine  Re-inspection  New Licence  Complaint  CD Follow-up Inspection  
 Address: 635 Fairville Blvd, Saint John 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>			<b>3.3</b>			<input checked="" type="checkbox"/>	Holding Methods	<b>7.0</b>	<b>FOOD EQUIPMENT AND UTENSILS</b>			<b>10.2</b>		<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>			<b>7.4</b>		<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>			<b>8.1</b>		<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	
2.4		<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>			Refrigerated Storage (Methods)	<b>9.0</b>	<b>SANITARY FACILITIES</b>			<b>13.0</b>	<b>GENERAL</b>		
2.5		<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>			Refrigerated Storage (Space)	9.1		<input checked="" type="checkbox"/>	13.1		<input checked="" type="checkbox"/>	Licence	
2.6		<input checked="" type="checkbox"/>		<b>6.0</b>	<b>PERSONNEL</b>			9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	Rodent and Insect Control	
2.7	<input checked="" type="checkbox"/>			6.1		<input checked="" type="checkbox"/>		Dry Storage	<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>			13.3		<input checked="" type="checkbox"/>	Other Infractions/Hazards
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2		<input checked="" type="checkbox"/>		Storage of Food for Staff	10.1		<input checked="" type="checkbox"/>					
3.1	<input checked="" type="checkbox"/>			6.3		<input checked="" type="checkbox"/>		Thawing Methods								
3.2		<input checked="" type="checkbox"/>						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
2.2	<input checked="" type="checkbox"/>			Walk-in freezer floor needs deep cleaning and sanitizing	Immediately
3.3	<input checked="" type="checkbox"/>			Hot Holding temperature shall be checked and recorded every 4 (four) hours during operation time. (per Grocery temperature just recorded see Wick a day).	Immediately

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Jan 20/2020 Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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