

FOOD PREMISES INSPECTION FORM



Name of Premises:

Service Commercial de l'ARC

Licence #:

07-0068

Type: Class 3 Class 4 Class 5

Operator:

Service Commercial de l'ARC

Category:

Routine Re-inspection

New Licence Complaint CD Follow-up Inspection

Water Supply:

Private Municipal

*192 Lehighes
Riverview, NB*

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			7.0	FOOD EQUIPMENT AND UTENSILS			10.2				13.0	GENERAL		
1.1		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		11.0		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>					
2.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>					
2.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING			12.0		<input checked="" type="checkbox"/>					
2.3		<input checked="" type="checkbox"/>		8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>					
2.4		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>					
2.5		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES										
2.6		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>									
2.7		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>									
3.0	FOOD PREPARATION AND HANDLING			10.0	FLOORS, WALLS AND CEILINGS										
3.1		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>									
3.2		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>									

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

Green Dark Yellow Re-inspection Required: Yes No

Light Yellow Red If Yes, Date: _____

Date of Inspection: 15 October 2020