

## Food Premises Inspection Report

<b>Name of Premise:</b> JPM Convenience & Restaurant  <b>Operator:</b> Michelle McCoy  <b>Address:</b> 1705 Canada Street Nashwaak Village NB E6C 1M5	<b>Licence #:</b> 03-011430  <b>Type:</b> Class/Classe 4  <b>Category:</b> Pre-Operational  <b>Water Supply:</b> Private  <b>Date of Inspection:</b> December 21, 2021
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Item no.	Description	CDI	R
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### 1.0 FOOD

- |     |   |                                    |                          |                          |
|-----|---|------------------------------------|--------------------------|--------------------------|
| 1.1 | S | Approved Source                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | S | Purchasing and Receiving           | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | S | Acceptable Containers and Labeling | <input type="checkbox"/> | <input type="checkbox"/> |

### 2.0 FOOD STORAGE

- |     |   |  |                          |                          |
|-----|---|--|--------------------------|--------------------------|
| 2.1 | S | Storage of Potentially Hazardous Foods | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 | S | Frozen Storage                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 | S | Refrigerated Storage (Temperature)     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 | S | Refrigerated Storage (Methods)         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5 | S | Refrigerated Storage (Space)           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.6 | S | Dry Storage                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7 | S | Storage of Food for Staff              | <input type="checkbox"/> | <input type="checkbox"/> |

### 3.0 FOOD PREPARATION AND HANDLING

- |     |   |                    |                          |                          |
|-----|---|--------------------|--------------------------|--------------------------|
| 3.1 | S | Thawing Methods    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 | S | Cooking Methods    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 | S | Holding Methods    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 | S | Cooling Methods    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.5 | S | Re-heating Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.6 | S | Handling Methods   | <input type="checkbox"/> | <input type="checkbox"/> |

### 4.0 FOOD DISPLAY AND SERVICE

- |     |   |                     |                          |                          |
|-----|---|---------------------|--------------------------|--------------------------|
| 4.1 | S | Display Methods     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 | S | Advance Preparation | <input type="checkbox"/> | <input type="checkbox"/> |

### 5.0 RECORD KEEPING AND RECALLS

- |     |   |                |                          |                          |
|-----|---|----------------|--------------------------|--------------------------|
| 5.1 | S | Record Keeping | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 | S | Recall of Food | <input type="checkbox"/> | <input type="checkbox"/> |

### 6.0 PERSONNEL

- |     |   |                            |                          |                          |
|-----|---|----------------------------|--------------------------|--------------------------|
| 6.1 | S | Demonstrating Knowledge    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 | S | Employee Health            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 | S | Personal Hygiene Practices | <input type="checkbox"/> | <input type="checkbox"/> |

### 7.0 FOOD EQUIPMENT AND UTENSILS

- |     |   |   |                          |                          |
|-----|---|---|--------------------------|--------------------------|
| 7.1 | S | Food Equipment (Design, Construction, Installation and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2 | S | Food Contact Surfaces   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3 | S | Mechanical Dishwashing  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.4 | S | Manual Dishwashing  | <input type="checkbox"/> | <input type="checkbox"/> |

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7.5 S Eating Utensils and Dishes

## 8.0 CLEANING AND SANITIZING

8.1 S Cleaning and Sanitizing

8.2 S Detergents and Chemical Use and Storage

## 9.0 SANITARY FACILITIES

9.1 S Washroom(s)

9.2 S Hand Washing Station(s)

## 10.0 FLOORS, WALLS AND CEILINGS

10.1 S Floors (Construction and Maintenance)

10.2 S Walls (Construction and Maintenance)

10.3 S Ceilings (Constructions and Maintenance)

## 11.0 WATER SUPPLY AND WASTE DISPOSAL

11.1 S Water (Quality and Quantity)

11.2 S Sewage Disposal

11.3 S Solid Waste Handling

## 12.0 LIGHTING AND VENTILATION

12.1 S Lighting

12.2 S Ventilation

## 13.0 GENERAL

13.1 S Licence

13.2 S Rodent and Insect Control

13.3 S Other Infractions/Hazards

*N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory MI - Minor infraction; MA - Major infraction; CR - Critical infraction, CDI - Corrected During Inspection, R - Repeated infraction*

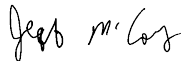
## OBSERVATIONS AND CORRECTIVE ACTIONS

Item	MI /MA/ CR	Remarks	Date for Correction
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## CLOSING COMMENTS

No deficiencies observed during inspection. Recommended for licensing.

**Rating color:** Green



Received By: Jeff McCoy



Inspector Signature: Daniel Petrie, Public Health Inspector