

## FOOD PREMISES INSPECTION FORM

Name of Premises: Cosico Wholesale-Fish  
 Operator: Cosico Wholesale Ltd  
 Address: Trinity Drive, Marion, N.B

Licence #: 01-01911 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 |
|----------|-------------------------------|---|---|----------|----------------------------|---|---|----------|-----------------------------|---|---|--------------------------------------|------|---|---|
| 1.0      | FOOD                          |   |   | 3.3      |                            | ✓ |   | 7.0      | FOOD EQUIPMENT AND UTENSILS |   |   | 10.2                                 |      | ✓ |   |
| 1.1      |                               | ✓ |   | 3.4      | ✓                          |   |   | 7.1      |                             | ✓ |   | 10.3                                 |      | ✓ |   |
| 1.2      |                               | ✓ |   | 3.5      | ✓                          |   |   | 7.2      |                             | ✓ |   | 11.0 WATER SUPPLY AND WASTE DISPOSAL |      |   |   |
| 1.3      |                               | ✓ |   | 3.6      |                            | ✓ |   | 7.3      | ✓                           |   |   | 11.1                                 |      | ✓ |   |
| 2.0      | FOOD STORAGE                  |   |   | 4.0      | FOOD DISPLAY AND SERVICE   |   |   | 7.4      |                             | ✓ |   | 11.2                                 |      | ✓ |   |
| 2.1      |                               | ✓ |   | 4.1      |                            | ✓ |   | 7.5      |                             | ✓ |   | 11.3                                 |      | ✓ |   |
| 2.2      |                               | ✓ |   | 4.2      |                            | ✓ |   | 8.0      | CLEANING AND SANITIZING     |   |   | 12.0 LIGHTING AND VENTILATION        |      |   |   |
| 2.3      |                               | ✓ |   | 5.0      | RECORD KEEPING AND RECALLS |   |   | 8.1      |                             | ✓ |   | 12.1                                 |      | ✓ |   |
| 2.4      |                               | ✓ |   | 5.1      |                            | ✓ |   | 8.2      |                             | ✓ |   | 12.2                                 |      | ✓ |   |
| 2.5      |                               | ✓ |   | 5.2      |                            | ✓ |   | 9.0      | SANITARY FACILITIES         |   |   | 13.0 GENERAL                         |      |   |   |
| 2.6      |                               | ✓ |   | 6.0      | PERSONNEL                  |   |   | 9.1      |                             | ✓ |   | 13.1                                 |      | ✓ |   |
| 2.7      |                               | ✓ |   | 6.1      |                            | ✓ |   | 9.2      |                             | ✓ |   | 13.2                                 |      | ✓ |   |
| 3.0      | FOOD PREPARATION AND HANDLING |   |   | 6.2      |                            | ✓ |   | 10.0     | FLOORS, WALLS AND CEILINGS  |   |   | 13.3                                 |      |   |   |
| 3.1      |                               | ✓ |   | 6.3      |                            | ✓ |   | 10.1     |                             | ✓ |   |                                      |      |   |   |
| 3.2      | ✓                             |   |   |          |                            |   |   |          |                             |   |   |                                      |      |   |   |

*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 |
|----------|----|----|----|---------|---------------------|
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |
|          |    |    |    |         |                     |

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Green<br><input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow<br><input type="checkbox"/> Striped Red <input type="checkbox"/> Red | <p style="font-size: 1.2em;"><u>13/02/12</u></p> <p>Date of Inspection:</p> | Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If Yes, Date: |
|--|---|--|