

Food Premises Inspection Report

Name of Premise: Atlantic Superstore # 329 Address: 116 Main Street Fredericton NB E3A 9N6	Licence #: 03-01270 Type: Class/Classe 4 Category: Compliance Water Supply: Municipal Date of Inspection: June 17, 2021
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Item no.	Description	CDI	R
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.	N.O. 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.	N.O. 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.	N.O. Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>
5.2.	N.O. 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.	U Food Contact Surfaces	<input type="checkbox"/>	<input type="checkbox"/>
7.3.	N.O. Mechanical Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.4.	S Manual Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
7.5.	S Eating Utensils and Dishes	<input type="checkbox"/>	<input type="checkbox"/>

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8.0 CLEANING AND SANITIZING

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|------|---|---|-------------------------------------|--------------------------|
| 8.1. | U | Cleaning and Sanitizing | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.2. | U | Detergents and Chemical Use and Storage | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

9.0 SANITARY FACILITIES

- | | | | | |
|------|---|-------------------------|--------------------------|--------------------------|
| 9.1. | S | Washroom(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.2. | S | Hand Washing Station(s) | <input type="checkbox"/> | <input type="checkbox"/> |

10.0 FLOORS, WALLS AND CEILINGS

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|-------|---|--|--------------------------|--------------------------|
| 10.1. | S | Floors (Construction and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2. | S | Walls (Construction and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.3. | S | Ceilings (Constructions and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |

11.0 WATER SUPPLY AND WASTE DISPOSAL

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|-------|---|------------------------------|--------------------------|--------------------------|
| 11.1. | S | Water (Quality and Quantity) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.2. | S | Sewage Disposal | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.3. | S | Solid Waste Handling | <input type="checkbox"/> | <input type="checkbox"/> |

12.0 LIGHTING AND VENTILATION

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|-------|---|-------------|--------------------------|--------------------------|
| 12.1. | S | Lighting | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.2. | S | Ventilation | <input type="checkbox"/> | <input type="checkbox"/> |

13.0 GENERAL

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|-------|---|---------------------------|--------------------------|--------------------------|
| 13.1. | S | Licence | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.2. | S | Rodent and Insect Control | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.3. | S | Other Infractions/Hazards | <input type="checkbox"/> | <input type="checkbox"/> |

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
7.2.	MI	Food contact surfaces, equipment and utensils shall be maintained such that they function in the manner intended and can be easily cleaned and sanitized (e.g. scratched and scored cutting boards/utensils) Comment: Cutting board in all areas require to be resurfaced or replaced.	Immediately
8.1.	MI	Floors, walls and ceilings shall be kept clean and sanitary Observations: Under equipment and shelving had debris. Comment: Increase frequency of cleaning and sanitizing behind, under equipment, and	Immediately
8.2.	MI	Sanitizer solution shall be used in strict accordance with the manufacturer's instructions on the label (recommended strength and contact time) Observations: Quat sanitizer solution was less than 200 ppm. Comment: Food contact surfaces sanitizer should be at 200 ppm and tested frequently. Corrective Actions: Food handlers prepared a new solution at 200 ppm.	Corrected

CLOSING COMMENTS

Rating color

Green/Vert