

FOOD PREMISES INSPECTION FORM

Name of Premises: AMII TEA
Operator: _____
Address: 173 King Street, Saint John's, NB
Licence #: 02-03306 **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 | | | 7.0 | FOOD EQUIPMENT AND UTENSILS | | | 10.2 | | | | 10.2 | | | |
| 1.1 | Approved Source | | | 7.1 | | | | 10.3 | | | | 10.3 | | | |
| 1.2 | Purchasing and Receiving | | | 7.2 | | | | 11.0 | WATER SUPPLY AND WASTE DISPOSAL | | | 11.1 | | | |
| 1.3 | Acceptable Containers and Labeling | | | 7.3 | | | | 11.2 | Water (Quality and Quantity) | | | 11.3 | | | |
| 2.0 | FOOD STORAGE | | | 4.0 | FOOD DISPLAY AND SERVICE | | | 11.3 | Sewage Disposal | | | | | | |
| 2.1 | Storage of Potentially Hazardous Foods | | | 4.1 | | | | 12.0 | LIGHTING AND VENTILATION | | | | | | |
| 2.2 | Frozen Storage | | | 4.2 | | | | 12.1 | Solid Waste Handling | | | | | | |
| 2.3 | Refrigerated Storage (Temperature) | | | 5.0 | RECORD KEEPING AND RECALLS | | | 12.2 | Lighting | | | | | | |
| 2.4 | Refrigerated Storage (Methods) | | | 8.1 | | | | | Ventilation | | | | | | |
| 2.5 | Refrigerated Storage (Space) | | | 8.2 | | | | 13.0 | GENERAL | | | | | | |
| 2.6 | Dry Storage | | | 9.0 | SANITARY FACILITIES | | | 13.1 | Licence | | | | | | |
| 2.7 | Storage of Food for Staff | | | 9.1 | | | | 13.2 | Rodent and Insect Control | | | | | | |
| 3.0 | FOOD PREPARATION AND HANDLING | | | 9.2 | | | | 13.3 | Other Infractions/Hazards | | | | | | |
| 3.1 | Thawing Methods | | | 10.0 | FLOORS, WALLS AND CEILINGS | | | | | | | | | | |
| 3.2 | Cooking Methods | | | 10.1 | | | | | | | | | | | |

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 |
|----------|----|----|----|-----------------------------|---------------------|
| | | | | Item 2.3 has been corrected | |
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| <input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red | <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red | Date of Inspection: <u>June 15/2021</u> | Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If Yes, Date: _____ |
|--|--|---|---|---------------------|