

FOOD PREMISES INSPECTION FORM

Name of Premises: Superstore Oromocto
 Operator: _____
 Address: 1150 Oromocto St. Oromocto

Licence #: 03-01269 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		✓		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2		✓	
1.1		✓		3.4		✓		Cooling Methods	7.1		✓	✓	10.3		✓	
1.2		✓		3.5		✓		Re-heating Methods	7.2			✓				
1.3		✓		3.6		✓		Handling Methods	7.3			✓				
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4				11.0	WATER SUPPLY AND WASTE DISPOSAL			
2.1		✓		4.1		✓		Display Methods	7.5		✓		11.1		✓	
2.2		✓		4.2		✓		Advance Preparation	8.0	CLEANING AND SANITIZING			11.2		✓	
2.3		✓		5.0	RECORD KEEPING AND RECALLS			8.1		✓		11.3		✓		
2.4		✓		5.1		✓		Record Keeping	8.2		✓		12.0	LIGHTING AND VENTILATION		
2.5		✓		5.2		✓		Recall of Food	9.0	SANITARY FACILITIES			12.1		✓	
2.6		✓		6.0	PERSONNEL			9.1		✓		12.2		✓		
2.7		✓		6.1		✓		Demonstrating Knowledge	9.2			✓	13.0	GENERAL		
3.0	FOOD PREPARATION AND HANDLING			6.2		✓		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.1		✓	
3.1		✓		6.3		✓		Personal Hygiene Practices	10.1		✓		13.2		✓	
3.2		✓										13.3				

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
7.2	×			Food Contact Surfaces, equipment shall be free from any undesirable substance (Meat slicer at Deli needs to be cleaned)	Today
7.2	×			Knife stored in Fishers holding unit to at dis continue this practice (Holding unit is not on easily cleanable surface. Knife is located next to meat grinder at meat department.)	Immediately
9.2	×			Hand Sink at the Fresh to go department Not draining properly. Faucet needs to be secured to sink.	As Soon as Possible
7.1	×			Deli Display Unit - Needs to be cleaned	Today

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red		Re-inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____
Date of Inspection: <u>July 24 18</u>		