

FOOD SERVICE ESTABLISHMENT INSPECTION FORM



Name of Establishment: Schalhan's Promas Chromato Type: Eating Establishment, Bakery, Catering Kitchen, Mobile Canteen, Institutional, Vending Machine
 Operator: _____
 Licence #: 03-00327 Category: Routine, Re-inspection, Complaint, New Facility, Communicable Disease Follow-up inspection
 Address: 201 Restigouche Rd Number of employees: 13 Seating Capacity: 25 Water Supply: Private Municipal

Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item
1.0 FOOD					3.4		<input checked="" type="checkbox"/>		Cooling Methods	6.4		<input checked="" type="checkbox"/>		Manual Dish / Pot washing	10.0 WATER SUPPLY- WASTE DISPOSAL				
1.1		<input checked="" type="checkbox"/>		Approved Source	3.5		<input checked="" type="checkbox"/>		Re-Heating Methods	6.5		<input checked="" type="checkbox"/>		Eating Utensils / Dishes	10.1		<input checked="" type="checkbox"/>		Water- Quality, quantity
1.2	<input checked="" type="checkbox"/>			Purchasing and Receiving	3.6		<input checked="" type="checkbox"/>		Handling Methods	7.0 CLEANING AND SANITIZING					10.2		<input checked="" type="checkbox"/>		Sewage Disposal
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	4.0 FOOD DISPLAY / SERVICE					7.1		<input checked="" type="checkbox"/>		Cleaning Schedule Present	10.3		<input checked="" type="checkbox"/>		Solid Waste Handling
2.0 FOOD STORAGE					4.1		<input checked="" type="checkbox"/>		Display Methods	7.2		<input checked="" type="checkbox"/>		Detergents and Chemicals use and storage	11.0 LIGHTING AND VENTILLATION				
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Haz. Foods	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0 SANITARY FACILITIES					11.1		<input checked="" type="checkbox"/>		Lighting
2.2		<input checked="" type="checkbox"/>		Frozen Storage	5.0 PERSONNEL					8.1		<input checked="" type="checkbox"/>		Staff Washroom (s)	11.2		<input checked="" type="checkbox"/>		Ventilation
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage Temperature	5.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	8.2				Public Washroom (s)	12.0 GENERAL				
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage Methods	5.2		<input checked="" type="checkbox"/>		Employee Health	8.3		<input checked="" type="checkbox"/>		Hand Washing Sink (s)	12.1		<input checked="" type="checkbox"/>		License
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage Space	5.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	8.4		<input checked="" type="checkbox"/>		Utility Sink / Janitor Sink	12.2		<input checked="" type="checkbox"/>		Rodents and Insects
2.6		<input checked="" type="checkbox"/>		Dry Storage	6.0 FOOD EQUIPMENT & UTENSILS					8.5	<input checked="" type="checkbox"/>			Staff Change Rooms	12.3	<input checked="" type="checkbox"/>			Other Infraction
3.0 FOOD PREPARATION					9.0 FLOORS, WALLS, CEILINGS														
3.1		<input checked="" type="checkbox"/>		Thawing Methods	6.1		<input checked="" type="checkbox"/>		Food Equipment- design, construction, Installation and maintenance	9.1		<input checked="" type="checkbox"/>		Floors- construction, maintenance					
3.2		<input checked="" type="checkbox"/>		Cooking Methods	6.2		<input checked="" type="checkbox"/>		Food Contact Surfaces	9.2		<input checked="" type="checkbox"/>		Walls- construction, maintenance					
3.3		<input checked="" type="checkbox"/>		Holding Methods	6.3		<input checked="" type="checkbox"/>		Mechanical Dishwashing	9.3		<input checked="" type="checkbox"/>		Ceilings- construction, maintenance					

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
6.7	<input checked="" type="checkbox"/>			Cutting board by toaster needs replacing	Immediate
9.1	<input checked="" type="checkbox"/>			Floor under cooking equipment needs cleaning, being done	Immediately
				This facility is being renovated very soon. Submit plans for approval.	

Green: Light yellow: Dark yellow: Light red: Dark red:
 Date of Inspection: 11/1/07 Re-Inspection Required: yes no
 If Yes, Date: _____