FOOD PREMISES INSPECTION FORM Type: Class 3 Class 4 Class 5 Name of Premises: Category: Re-inspection New Licence Complaint CD Follow-up Inspection Operator: Address: Water Supply: Private Municipal Itam Item Item N.O. N.O. S U N.O. S N.O. S No. No. No. No. Walls (Construction and Maintenance) 1.0 3.3 Holding Methods 7.0 FOOD EQUIPMENT AND UTENSILS 10.2 FOOD Food Equipment (Design, Construction, Ceilings (Constructions and 7.1 10.3 3.4 Cooling Methods 1.1 Approved Source Installation and Maintenance) Maintenance) Food Contact Surfaces 11.0 WATER SUPPLY AND WASTE DISPOSAL 1.2 3.5 Re-heating Methods 7.2 Purchasing and Receiving Acceptable Containers and Labeling 3.6 Handling Methods 7.3 Mechanical Dishwashing 11.1 4 Water (Quality and Quantity) 1.3 7.4 11.2 0 Sewage Disposal 2.0 FOOD STORAGE 4.0 FOOD DISPLAY AND SERVICE V Manual Dishwashing 0 Solid Waste Handling Display Methods 7.5 Eating Utensils and Dishes 11.3 2.1 Storage of Potentially Hazardous Foods 4.1 LIGHTING AND VENTILATION **CLEANING AND SANITIZING** 12.0 2.2 Frozen Storage 4.2 Advance Preparation 8.0 12.1 5.0 RECORD KEEPING AND RECALLS 8.1 Cleaning and Sanitizing 4 Lighting 2.3 Refrigerated Storage (Temperature) Detergents and Chemical Use and 8.2 12.2 Ventilation 2.4 5.1 Record Keeping Refrigerated Storage (Methods) Storage 2.5 5.2 Recall of Food 9.0 SANITARY FACILITIES 13.0 **GENERAL** Refrigerated Storage (Space) Dry Storage 6.0 PERSONNEL 9.1 Washroom(s) 13.1 Licence 2.6 9.2 13.2 2.7 Storage of Food for Staff 6.1 Demonstrating Knowledge Hand Washing Station(s) Rodent and Insect Control 10.0 FLOORS, WALLS AND CEILINGS 13.3 FOOD PREPARATION AND HANDLING Other Infractions/Hazards 3.0 6.2 **Employee Health Thawing Methods** 6.3 Personal Hygiene Practices 10.1 Floors (Construction and Maintenance) 3.1 N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction 3.2 Cooking Methods Item No. MI MA CR Date for Correction have cold vumning water . Thanking Green Re-inspection Required: Light Yellow Dark Yellow If Yes, Date: Striped Red Red Date of Inspection: