

FOOD PREMISES INSPECTION FORM

Name of Premises: Aliment Leroy Food Inc
 Operator: Aliment Leroy Food Inc
 Address: 2276 rte 515
St-Marie de Kent

Licence #: 11-00247 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				3.3				7.0				10.2			
1.1				3.4				7.1				10.3			
1.2				3.5				7.2				11.0			
1.3				3.6				7.3				11.1			
2.0				4.0				7.4				11.2			
2.1				4.1				7.5				11.3			
2.2				4.2				8.0				12.0			
2.3				5.0				8.1				12.1			
2.4				5.1				8.2				12.2			
2.5				5.2				9.0				13.0			
2.6				6.0				9.1				13.1			
2.7				6.1				9.2				13.2			
3.0				6.2				10.0				13.3			
3.1				6.3				10.1							
3.2															

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
2.3				Temperature for walk in refrigerator shall be recorded twice daily.	July 21, 2017
8.2				Employee cannot locate the temperature log.	July 11, 2017
2.6				Test strip are no longer usable "water damage" need new test strip	July 11, 2017
2.6				Shelves shall be cleaned, Accumulation of food particle were observed during inspection.	July 11, 2017
2.6				LARD shall be kept in a sanitary container and kept covered to prevent cross contamination.	July 11, 2017
7.1				Mold were observed during inspection in walk in refrigerator. Racks and walls, ceilings in walk in refrigerator refrigerator shall be cleaned.	July 11, 2017
8.2				Chlorine sanitizer was above 200ppm. Chlorine sanitizer shall be at 100ppm at all time.	Corrected
10.2				Walls in prep area and beside the white sink shall be fixed. Walls shall be designed to facilitate effective cleaning.	July 21, 2017

☐ Green
☐ Light Yellow ☐ Dark Yellow
☒ Striped Red ☒ Red

Re-inspection Required: ☒ Yes ☐ No
 If Yes, Date: July 11, 2017

Date of Inspection: July 7, 2017
 Received by: _____ Inspector Signature: _____

License revoked July 7th, 2017 [Signature] Regional Director