Name of Premises: Operator: Address:			Speakly 660			Licence #:							Brunswick
Item No.	N.O. S	U		Item	N.O. S/ U		Item No.	N.O.	s u		item No.	N.O. 5 /U	
1.0	FOOD ,			3.3	1//	Holding Methods	7.0	FOOD	FOLIDADAT	AND UTENSILS	10.2	1 //	Walls (Construction and Maintenance)
1.1			Approved Source	3.4	///	Cooling Methods	7.1	1000		Food Equipment (Design, Construction, Installation and Maintenance)	10.2		Ceilings (Constructions and Maintenance) Maintenance)
1.2			Purchasing and Receiving	3.5		Re-heating Methods	7.2			Food Contact Surfaces	11.0	WATER SUPPLY A	ND WASTE DISPOSAL
1.3			Acceptable Containers and Labeling	3.6		Handling Methods	7.3			Mechanical Dishwashing	11.1		Water (Quality and Quantity)
2.0	FOOD STOR	GE		4.0	FOOD DISPLAY ANI		7.4		//	Manual Dishwashing	11.2		Sewage Disposal
2.1	- $+$ $/$		Storage of Potentially Hazardous Foods	4.1		Display Methods	7.5			Eating Utensils and Dishes	11.3		Solid Waste Handling
2.2		1	Frozen Storage	4.2	 	Advance Preparation	8.0	CLEAN	ING AND SAL		12.0	LIGHTING AND VEN	
2.3		0	Refrigerated Storage (Temperature)	5.0	RECORD KEEPING		8.1	OLEAN	ING AND SAY	Y	12.1	LIGHTING ANDVEN	promote and the second
048	-+	/		3,0	RECORD REEFING	AND REGALLS	0.1			Cleaning and Sanitizing	12.1		Lighting
2.4	/		Refrigerated Storage (Methods) Refrigerated Storage (Space)	5.1 5.2		Record Keeping Recall of Food	8.2	CALUT	ARY FACILITY	Detergents and Chemical Use and Storage	12.2	251/524	Ventilation
2.6			Dry Storage	6.0	PERSONNEL	Recall of Food	9.0	SANII	ARY FACILIE		13.0	GENERAL	
2.7	-/		Storage of Food for Staff	6.1	PERSURNEL	Dt-E K It	9.1			Washroom(s)	13.1		Licence
3.0	ENNERGERA	PATIO	V AND HANDLING	6.2	///	Demonstrating Knowledge	9.2	DI 0.00		Hand Washing Station(s)	13.2		Rodent and Insect Control
3.1	1000	10110	Thawing Methods			Employee Health	10.0	FLOOR	S, WALLS AN	ND CEILINGS	13.3		Other Infractions/Hazards
3.2			Cooking Methods	6.3		Personal Hygiene Practices	10.1	L		Floors (Construction and Maintenance) MI – Minor Infraction; MA – Major Infraction	1000		
Item I	to. Mi	MA	SR 1	9	Bratio	A OUTING INS	ACC CONTRACTOR	AC.	<i>M</i>				Date for Correction
Light Stripe			Yellow Aug Date of Inspection)	Re-inspection Required: If Yes, Date:	☐Yes ☐No	,						