

FOOD PREMISES INSPECTION FORM

Name of Premises: Au Cabano 2006 Ltée
 Operator: Groupe RHC Ltée
 Address: 10490 rue Principale -
St-Louis de Kent

Licence #: 11-00005 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 | <input checked="" type="checkbox"/> | | | 7.0 | FOOD EQUIPMENT AND UTENSILS | | | 10.2 | | <input checked="" type="checkbox"/> | |
| 1.1 | | <input checked="" type="checkbox"/> | | 3.4 | <input checked="" type="checkbox"/> | | | 7.1 | | <input checked="" type="checkbox"/> | | 10.3 | | <input checked="" type="checkbox"/> | |
| 1.2 | | <input checked="" type="checkbox"/> | | 3.5 | <input checked="" type="checkbox"/> | | | 7.2 | | <input checked="" type="checkbox"/> | | 11.0 WATER SUPPLY AND WASTE DISPOSAL | | | |
| 1.3 | | <input checked="" type="checkbox"/> | | 3.6 | <input checked="" type="checkbox"/> | | | 7.3 | <input checked="" type="checkbox"/> | | | 11.1 | | <input checked="" type="checkbox"/> | |
| 2.0 | FOOD STORAGE | | | 4.0 FOOD DISPLAY AND SERVICE | | | | 7.4 | | <input checked="" type="checkbox"/> | | 11.2 | | <input checked="" type="checkbox"/> | |
| 2.1 | | <input checked="" type="checkbox"/> | | 4.1 | <input checked="" type="checkbox"/> | | | 7.5 | | <input checked="" type="checkbox"/> | | 11.3 | | <input checked="" type="checkbox"/> | |
| 2.2 | | <input checked="" type="checkbox"/> | | 4.2 | <input checked="" type="checkbox"/> | | | 8.0 CLEANING AND SANITIZING | | | 12.0 LIGHTING AND VENTILATION | | | | |
| 2.3 | | <input checked="" type="checkbox"/> | | 5.0 RECORD KEEPING AND RECALLS | | | | 8.1 | | <input checked="" type="checkbox"/> | | 12.1 | | <input checked="" type="checkbox"/> | |
| 2.4 | | <input checked="" type="checkbox"/> | | 5.1 | | | | 8.2 | | <input checked="" type="checkbox"/> | | 12.2 | | <input checked="" type="checkbox"/> | |
| 2.5 | | <input checked="" type="checkbox"/> | | 5.2 | | | | 9.0 SANITARY FACILITIES | | | 13.0 GENERAL | | | | |
| 2.6 | | <input checked="" type="checkbox"/> | | 6.0 PERSONNEL | | | | 9.1 | | <input checked="" type="checkbox"/> | | 13.1 | | <input checked="" type="checkbox"/> | |
| 2.7 | <input checked="" type="checkbox"/> | | | 6.1 | | <input checked="" type="checkbox"/> | | 9.2 | | <input checked="" type="checkbox"/> | | 13.2 | | <input checked="" type="checkbox"/> | |
| 3.0 | FOOD PREPARATION AND HANDLING | | | 6.2 | | <input checked="" type="checkbox"/> | | 10.0 FLOORS, WALLS AND CEILINGS | | | 13.3 | | <input checked="" type="checkbox"/> | | |
| 3.1 | <input checked="" type="checkbox"/> | | | 6.3 | | <input checked="" type="checkbox"/> | | 10.1 | | <input checked="" type="checkbox"/> | | | | | |
| 3.2 | <input checked="" type="checkbox"/> | | | <i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i> | | | | | | | | | | | |

| Item No. | MI | MA | CR | Remarks | Date for Correction |
|----------|-------------------------------------|----|----|---------------------------------------|---------------------|
| 13.3 | <input checked="" type="checkbox"/> | | | Plywood on floor needs to be painted. | |
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Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: May 30/17
 If Yes, Date: