

FOOD PREMISES INSPECTION FORM

Name of Premises: Hammond River Country Cafe
 Operator: _____
 Address: Quebec, King's County

Licence #: 02-01394 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"/>			Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2			<input checked="" type="checkbox"/>
1.1	<input checked="" type="checkbox"/>			3.4	<input checked="" type="checkbox"/>			Cooling Methods	7.1	<input checked="" type="checkbox"/>			10.3	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
1.2	<input checked="" type="checkbox"/>			3.5	<input checked="" type="checkbox"/>			Re-heating Methods	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"/>			Handling Methods	7.3	<input checked="" type="checkbox"/>			11.1	<input checked="" type="checkbox"/>		<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"/>		<input checked="" type="checkbox"/>	
2.1	<input checked="" type="checkbox"/>			4.1	<input checked="" type="checkbox"/>			Display Methods	7.5	<input checked="" type="checkbox"/>			11.3	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
2.2	<input checked="" type="checkbox"/>			4.2	<input checked="" type="checkbox"/>			Advance Preparation	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"/>		<input checked="" type="checkbox"/>
2.4	<input checked="" type="checkbox"/>			5.1	<input checked="" type="checkbox"/>			Record Keeping	8.2	<input checked="" type="checkbox"/>			12.2	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
2.5	<input checked="" type="checkbox"/>			5.2	<input checked="" type="checkbox"/>			Recall of Food	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"/>		<input checked="" type="checkbox"/>
2.7	<input checked="" type="checkbox"/>			6.1	<input checked="" type="checkbox"/>			Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		13.2	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3.0	FOOD PREPARATION AND HANDLING			6.2	<input checked="" type="checkbox"/>			Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3.1	<input checked="" type="checkbox"/>			6.3	<input checked="" type="checkbox"/>			Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>					
3.2	<input checked="" type="checkbox"/>							Cooking Methods								

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
				infraction 8.1, 10.1, 9.1, 9.2 have been corrected	
10.2	<input checked="" type="checkbox"/>			Peeling paint on wall and water stained base board under air conditioning unit. Repair wall, repaint area and replace base board	March 14 / 2018

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>Feb 20 / 2018</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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