

FOOD PREMISES INSPECTION FORM

Name of Premises: Atlantic Potato Distributors
 Operator: _____
 Address: 42 Industrial Park St.
Pent. Andover, MS

Licence #: 32-00230 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
1.0				3.3				7.0			
FOOD				Holding Methods				FOOD EQUIPMENT AND UTENSILS			
1.1		<input checked="" type="checkbox"/>		3.4				7.1			
Approved Source				Cooling Methods				Food Equipment (Design, Construction, Installation and Maintenance)			
1.2		<input checked="" type="checkbox"/>		3.5				7.2			
Purchasing and Receiving				Re-heating Methods				Food Contact Surfaces			
1.3		<input checked="" type="checkbox"/>		3.6				7.3			
Acceptable Containers and Labeling				Handling Methods				Mechanical Dishwashing			
2.0				4.0				7.4			
FOOD STORAGE				FOOD DISPLAY AND SERVICE				Manual Dishwashing			
2.1		<input checked="" type="checkbox"/>		4.1				7.5			
Storage of Potentially Hazardous Foods				Display Methods				Eating Utensils and Dishes			
2.2		<input checked="" type="checkbox"/>		4.2				8.0			
Frozen Storage				Advance Preparation				CLEANING AND SANITIZING			
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>	
Refrigerated Storage (Temperature)				RECORD KEEPING AND RECALLS				Cleaning and Sanitizing			
2.4		<input checked="" type="checkbox"/>		5.1				8.2			
Refrigerated Storage (Methods)				Record Keeping				Detergents and Chemical Use and Storage			
2.5		<input checked="" type="checkbox"/>		5.2				9.0			
Refrigerated Storage (Space)				Recall of Food				SANITARY FACILITIES			
2.6		<input checked="" type="checkbox"/>		6.0				9.1			
Dry Storage				PERSONNEL				Washroom(s)			
2.7		<input checked="" type="checkbox"/>		6.1				9.2			
Storage of Food for Staff				Demonstrating Knowledge				Hand Washing Station(s)			
3.0				6.2				10.0			
FOOD PREPARATION AND HANDLING				Employee Health				FLOORS, WALLS AND CEILINGS			
3.1		<input checked="" type="checkbox"/>		6.3				10.1			
Thawing Methods				Personal Hygiene Practices				Floors (Construction and Maintenance)			
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
8.1	<input checked="" type="checkbox"/>			Food contact surfaces, equipment and utensils shall be kept clean and sanitary. Three door cooler requires regular cleaning	Immediately

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: May 25 18

Re-inspection Required: Yes No
 If Yes, Date: _____