

FOOD PREMISES INSPECTION FORM

Name of Premises: Archie's Bake Shop
 Operator: _____
 Address: 407 Main St. Sussex

Licence #: 02-02807 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				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1			Approved Source	3.4				7.1				10.3			
1.2			Purchasing and Receiving	3.5				7.2				11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3			Acceptable Containers and Labeling	3.6				7.3				11.1			
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4				11.2			
2.1			Storage of Potentially Hazardous Foods	4.1				7.5				11.3			
2.2			Frozen Storage	4.2				8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3			Refrigerated Storage (Temperature)	5.0	RECORD KEEPING AND RECALLS			8.1				12.1			
2.4			Refrigerated Storage (Methods)	5.1				8.2				12.2			
2.5			Refrigerated Storage (Space)	5.2				9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6			Dry Storage	6.0	PERSONNEL			9.1				13.1			
2.7			Storage of Food for Staff	6.1				9.2				13.2			
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1			Thawing Methods	6.3				10.1							
3.2			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
				<u>All non-compliances have been corrected.</u>	

<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>May 11/18</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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