

# FOOD SERVICE ESTABLISHMENT INSPECTION FORM

Name of Establishment: 45th Parallel Restaurant Type:  Eating Establishment,  Bakery,  Catering Kitchen,  Mobile Canteen,  Institutional,  Vending Machine  
 Operator: Diane & William Bustin Category:  Routine,  Re-inspection,  Complaint,  New Facility,  Communicable Disease Follow-up inspection  
 Licence #: 02-00494  
 Address: 939, Rte 772, Fairbairn, New B.S. Number of employees: 3 Seating Capacity: 50 Water Supply: Private  Municipal

<b>1.0 FOOD</b>		3.4	<input checked="" type="checkbox"/>	Cooling Methods	6.4	<input checked="" type="checkbox"/>	Manual Dish / Pot washing	<b>10.0 WATER SUPPLY- WASTE DISPOSAL</b>	
1.1	<input checked="" type="checkbox"/>	3.5	<input checked="" type="checkbox"/>	Re-Heating Methods	6.5	<input checked="" type="checkbox"/>	Eating Utensils / Dishes	10.1	<input checked="" type="checkbox"/>
1.2	<input checked="" type="checkbox"/>	3.6	<input checked="" type="checkbox"/>	Handling Methods	<b>7.0 CLEANING AND SANITIZING</b>			10.2	<input checked="" type="checkbox"/>
1.3	<input checked="" type="checkbox"/>	<b>4.0 FOOD DISPLAY / SERVICE</b>		7.1	<input checked="" type="checkbox"/>	Cleaning Schedule Present	10.3	<input checked="" type="checkbox"/>	
<b>2.0 FOOD STORAGE</b>		4.1	<input checked="" type="checkbox"/>	Display Methods	7.2	<input checked="" type="checkbox"/>	Detergents and Chemicals use and storage	<b>11.0 LIGHTING AND VENTILLATION</b>	
2.1	<input checked="" type="checkbox"/>	4.2	<input checked="" type="checkbox"/>	Advance Preparation	<b>8.0 SANITARY FACILITIES</b>			11.1	<input checked="" type="checkbox"/>
2.2	<input checked="" type="checkbox"/>	<b>5.0 PERSONNEL</b>		8.1	<input checked="" type="checkbox"/>	Staff Washroom (s)	11.2	<input checked="" type="checkbox"/>	
2.3	<input checked="" type="checkbox"/>	5.1	<input checked="" type="checkbox"/>	Demonstrating Knowledge	8.2	<input checked="" type="checkbox"/>	Public Washroom (s)	<b>12.0 GENERAL</b>	
2.4	<input checked="" type="checkbox"/>	5.2	<input checked="" type="checkbox"/>	Employee Health	8.3	<input checked="" type="checkbox"/>	Hand Washing Sink (s)	12.1	<input checked="" type="checkbox"/>
2.5	<input checked="" type="checkbox"/>	5.3	<input checked="" type="checkbox"/>	Personal Hygiene Practices	8.4	<input checked="" type="checkbox"/>	Utility Sink / Janitor Sink	12.2	<input checked="" type="checkbox"/>
2.6	<input checked="" type="checkbox"/>				8.5	<input checked="" type="checkbox"/>	Staff Change Rooms	12.3	<input checked="" type="checkbox"/>
<b>3.0 FOOD PREPARATION</b>		<b>6.0 FOOD EQUIPMENT &amp; UTENSILS</b>			<b>9.0 FLOORS, WALLS, CEILINGS</b>				
3.1	<input checked="" type="checkbox"/>	6.1	<input checked="" type="checkbox"/>	Food Equipment- design, construction, Installation and maintenance	9.1	<input checked="" type="checkbox"/>	Floors- construction, maintenance		
3.2	<input checked="" type="checkbox"/>	6.2	<input checked="" type="checkbox"/>	Food Contact Surfaces	9.2	<input checked="" type="checkbox"/>	Walls- construction, maintenance		
3.3	<input checked="" type="checkbox"/>	6.3	<input checked="" type="checkbox"/>	Mechanical Dishwashing	9.3	<input checked="" type="checkbox"/>	Ceilings- construction, maintenance		

N.O-Not Observed, S- Satisfactory, U- Unsatisfactory, MI-Minor infraction, MA- Major Infraction, CR- Critical Infraction

8.1	<input checked="" type="checkbox"/>	Ensure self closure device on staff washroom is operative						Immediate
6.4	<input checked="" type="checkbox"/>	Ensure that a supply of chlorine test paper is available						"
9.1	<input checked="" type="checkbox"/>	Repair split in walling at kitchen entrance						"

Green:  Light yellow:  Dark yellow:  Light red:  Dark red:   
 Date of Inspection: Aug 4/09 Re-Inspection Required: yes  no   
 If Yes, Date: \_\_\_\_\_