

## FOOD PREMISES INSPECTION FORM

Name of Establishment: Auto Juice  
 Operator: \_\_\_\_\_  
 Licence #: \_\_\_\_\_  
 Address: Chimney Row

Type: \_\_\_ Class 1, \_\_\_ Class 2, \_\_\_ Class 3,  Class 4, \_\_\_ Class 5  
 Category:  Routine, \_\_\_ Re-inspection, \_\_\_ Complaint, \_\_\_ New Facility, \_\_\_ CD Follow-up inspection  
 Number of employees: 3 Seating Capacity: MAJ Water Supply: Private \_\_\_ Municipal



Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item	
<b>1.0 FOOD</b>					3.3		<input checked="" type="checkbox"/>		Holding Methods	<b>7.0 FOOD EQUIPMENT &amp; UTENSILS</b>					10.3		<input checked="" type="checkbox"/>			Ceilings- construction, maintenance
1.1		<input checked="" type="checkbox"/>		Approved Source	3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>		Food Equipment- design, construction, installation and maintenance	<b>11.0 WATER SUPPLY- WASTE DISPOSAL</b>					
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.5		<input checked="" type="checkbox"/>		Re-Heating Methods	7.2		<input checked="" type="checkbox"/>		Food Contact Surfaces	11.1		<input checked="" type="checkbox"/>		Water- quality, quantity	
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3		<input checked="" type="checkbox"/>		Mechanical Dishwashing	11.2		<input checked="" type="checkbox"/>		Sewage Disposal	
<b>2.0 FOOD STORAGE</b>					<b>4.0 FOOD DISPLAY / SERVICE</b>					7.4		<input checked="" type="checkbox"/>		Manual Dishwashing	11.3		<input checked="" type="checkbox"/>		Solid Waste Handling	
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Haz. Foods	4.1		<input checked="" type="checkbox"/>		Display Methods	7.5	<input checked="" type="checkbox"/>			Eating Utensils / Dishes	<b>12.0 LIGHTING AND VENTILLATION</b>					
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2		<input checked="" type="checkbox"/>		Advance Preparation	<b>8.0 CLEANING AND SANITIZING</b>					12.1		<input checked="" type="checkbox"/>		Lighting	
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage Temperature	<b>5.0 RECORD KEEPING AND RECALLS</b>					8.1		<input checked="" type="checkbox"/>		Cleaning and Sanitizing	12.2		<input checked="" type="checkbox"/>		Ventilation	
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage Methods	5.1	<input checked="" type="checkbox"/>			Record Keeping	<b>9.0 SANITARY FACILITIES</b>					<b>13.0 GENERAL</b>					
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage Space	5.2	<input checked="" type="checkbox"/>			Recall of Food	9.1				Washroom(s) <u>MAJ</u>	13.1		<input checked="" type="checkbox"/>		Licence <u>DISCREP</u>	
2.6		<input checked="" type="checkbox"/>		Dry Storage	<b>6.0 PERSONNEL</b>					9.2		<input checked="" type="checkbox"/>		Hand Washing Station (s)	13.2		<input checked="" type="checkbox"/>		Rodent and Insect Control	
2.7	<input checked="" type="checkbox"/>			Storage of Food for Staff	6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	<b>10.0 FLOORS, WALLS, CEILINGS</b>					13.3				Other Infractions/Hazards	
<b>3.0 FOOD PREPARATION AND HANDLING</b>					6.2		<input checked="" type="checkbox"/>		Employee Health	10.1		<input checked="" type="checkbox"/>		Floors- construction, maintenance						
3.1		<input checked="" type="checkbox"/>		Thawing Methods	6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.2		<input checked="" type="checkbox"/>		Walls- construction, maintenance						
3.2	<input checked="" type="checkbox"/>			Cooking Methods																

Item No.	MI	MA	CR	REMARKS	Date for Correction
2.6				Food items & food related must be stored 6" above	Now

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

Green: \_\_\_\_\_ Date of Inspection: Jan 18/10 Re-Inspection Required: yes \_\_\_ no \_\_\_  
 Light yellow: \_\_\_\_\_ Dark yellow: \_\_\_\_\_  
 Light red: \_\_\_\_\_ Dark red: \_\_\_\_\_ If Yes, Date: \_\_\_\_\_

1<sup>st</sup> page = office copy    2<sup>nd</sup> page = operator's copy    3<sup>rd</sup> page = posted copy