

FOOD PREMISES INSPECTION FORM

Name of Premises: Albert County Museum
 Operator: Albert County Museum
 Address: 9 Hopewell Cross rd. Hopewell Cape

Licence #: 01-01647 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				3.4				7.1	Food Equipment (Design, Construction, Installation and Maintenance)			10.3			
1.2				3.5				7.2	Food Contact Surfaces			11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3				3.6				7.3	Mechanical Dishwashing			11.1			
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4	Manual Dishwashing			11.2			
2.1				4.1				7.5	Eating Utensils and Dishes			11.3			
2.2				4.2				8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3				5.0	RECORD KEEPING AND RECALLS			8.1	Cleaning and Sanitizing			12.1			
2.4				5.1				8.2	Detergents and Chemical Use and Storage			12.2			
2.5				5.2				9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6				6.0	PERSONNEL			9.1	Washroom(s)			13.1			
2.7				6.1				9.2	Hand Washing Station(s)			13.2			
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1				6.3				10.1	Floors (Construction and Maintenance)						
3.2															

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

<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>July 11, 2017</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:	Received by: <u>[Signature]</u>	Inspector Signature: <u>[Signature]</u>
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