

FOOD PREMISES INSPECTION FORM

Name of Premises: Atlantic Host Hotel
 Operator: _____
 Address: 1450 Vanier Boulevard, Keston

Licence #: 06-00084 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				3.3				7.0				10.2			
FOOD				Holding Methods				FOOD EQUIPMENT AND UTENSILS				Walls (Construction and Maintenance)			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
				Approved Source				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Construction and Maintenance)			
1.2	<input checked="" type="checkbox"/>			3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		WATER SUPPLY AND WASTE DISPOSAL			
				Purchasing and Receiving				Re-heating Methods				Water (Quality and Quantity)			
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		Sewage Disposal			
				Acceptable Containers and Labeling				Handling Methods				Solid Waste Handling			
2.0				FOOD STORAGE				FOOD DISPLAY AND SERVICE				CLEANING AND SANITIZING			
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.4		<input checked="" type="checkbox"/>		11.0		<input checked="" type="checkbox"/>	
				Storage of Potentially Hazardous Foods				Display Methods				Manual Dishwashing			
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
				Frozen Storage				Advance Preparation				Eating Utensils and Dishes			
2.3		<input checked="" type="checkbox"/>		RECORD KEEPING AND RECALLS				8.0				LIGHTING AND VENTILATION			
				Refrigerated Storage (Temperature)				Record Keeping				12.0			
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
				Refrigerated Storage (Methods)				Recall of Food				Lighting			
2.5		<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>			8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
				Refrigerated Storage (Space)				PERSONNEL				9.0			
2.6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.0		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>		SANITARY FACILITIES			
				Dry Storage				Demonstrating Knowledge				13.0			
2.7	<input checked="" type="checkbox"/>			6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
				Storage of Food for Staff				Employee Health				Licence			
3.0				6.2		<input checked="" type="checkbox"/>		10.0				GENERAL			
				FOOD PREPARATION AND HANDLING				Personal Hygiene Practices				10.0			
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
				Thawing Methods				Floors (Construction and Maintenance)				Rodent and Insect Control			
3.2		<input checked="" type="checkbox"/>		Cooking Methods								Other Infractions/Hazards			

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
2.5	<input checked="" type="checkbox"/>			Clean the fans in the refrigerators.	May 23, 2018
10.2	<input checked="" type="checkbox"/>			Clean the wall (dishwashing area)	May 30, 2018

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of Inspection: <u>May 16, 2018</u>	If Yes, Date: _____
--	--	---------------------