

FOOD PREMISES INSPECTION FORM

Name of Premises: A+W
 Operator: _____
 Address: 131 McAllister Dr

Licence #: 02-01414 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				Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1				3.4				Approved Source	7.1				10.3			
1.2				3.5				Purchasing and Receiving	7.2							
1.3				3.6				Acceptable Containers and Labeling	7.3		<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL		
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE				7.4				11.1			
2.1				4.1				Storage of Potentially Hazardous Foods	7.5				11.2			
2.2				4.2				Frozen Storage	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3				5.0	RECORD KEEPING AND RECALLS				8.1				12.1			
2.4				5.1				Refrigerated Storage (Temperature)	8.2				12.2			
2.5				5.2				Refrigerated Storage (Methods)	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6				6.0	PERSONNEL				9.1				13.1			
2.7				6.1				Dry Storage	9.2				13.2			
3.0	FOOD PREPARATION AND HANDLING			6.2				Storage of Food for Staff	10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1				6.3				Thawing Methods	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

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<p style="font-size: 1.2em; color: blue;">Feb 28/18</p> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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