

FOOD PREMISES INSPECTION FORM

Name of Establishment: Savory Sensations Type: Class 1, Class 2, Class 3, Class 4, Class 5

Operator: _____ Category: Routine, Re-inspection, Complaint, New Facility, CD Follow-up inspection

Licence #: 1002-011704 Address: Shadow Lawn, Ashbury Number of employees: 2 Seating Capacity: 40 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
1.0				FOOD	3.3		<input checked="" type="checkbox"/>		Holding Methods	7.0				FOOD EQUIPMENT & UTENSILS
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
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
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
2.0				FOOD STORAGE	4.0				FOOD DISPLAY / SERVICE	7.4		<input checked="" type="checkbox"/>		Manual Dishwashing
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
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0				CLEANING AND SANITIZING
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage Temperature						8.1		<input checked="" type="checkbox"/>		Cleaning and Sanitizing
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage Methods	5.0				RECORD KEEPING AND RECALLS	8.2		<input checked="" type="checkbox"/>		Detergents and Chemicals use and storage
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage Space	5.1		<input checked="" type="checkbox"/>		Record Keeping	9.0				SANITARY FACILITIES
2.6		<input checked="" type="checkbox"/>		Dry Storage	5.2		<input checked="" type="checkbox"/>		Recall of Food	9.1		<input checked="" type="checkbox"/>		Washroom(s)
2.7		<input checked="" type="checkbox"/>		Storage of Food for Staff	6.0				PERSONNEL	9.2		<input checked="" type="checkbox"/>		Hand Washing Station (s)
3.0				FOOD PREPARATION AND HANDLING	6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	10.0				FLOORS, WALLS, CEILINGS
3.1		<input checked="" type="checkbox"/>		Thawing Methods	6.2		<input checked="" type="checkbox"/>		Employee Health	10.1		<input checked="" type="checkbox"/>		Floors- construction, maintenance
3.2		<input checked="" type="checkbox"/>		Cooking Methods	6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.2		<input checked="" type="checkbox"/>		Walls- construction, maintenance
10.3										10.3		<input checked="" type="checkbox"/>		Ceilings- construction, maintenance
										11.0				WATER SUPPLY- WASTE DISPOSAL
										11.1		<input checked="" type="checkbox"/>		Water- quality, quantity
										11.2		<input checked="" type="checkbox"/>		Sewage Disposal
										11.3		<input checked="" type="checkbox"/>		Solid Waste Handling
										12.0				LIGHTING AND VENTILLATION
										12.1		<input checked="" type="checkbox"/>		Lighting
										12.2		<input checked="" type="checkbox"/>		Ventilation
										13.0				GENERAL
										13.1		<input checked="" type="checkbox"/>		Licence
										13.2		<input checked="" type="checkbox"/>		Rodent and Insect Control
										13.3				Other Infractions/Hazards

Item No.	MI	MA	CR	REMARKS	Date for Correction
13.1	<input checked="" type="checkbox"/>			Post licence for public to see	ASAP
10.1	<input checked="" type="checkbox"/>			please cover the kitchen floor with a sealer to allow for easy cleaning.	ASAP
5.1				Hot and cold temperatures need to be taken and recorded. hot temps every 4 hrs. - cold twice/day	ASAP

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

Green: Light yellow: Light red: Dark yellow: Dark red:

Date of Inspection: March 9/10 Re-Inspection Required: yes no

If Yes, Date: _____

1st page = office copy 2nd page = operator's copy 3rd page = posted copy