

Name of Establishment: Ishmael View Lounge Club
Operator: _____
Address: Danvers 315

62-60103

☐ Class 5

☐ CD Follow-up Inspection☐ Municipal

1.0	FOOD			3.3	✓		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2	✓		Walls (Construction and Maintenance)
1.1	✓		Approved Source	3.4	✓		Cooling Methods	7.1	✓		Food Equipment (Design, Construction, Installation and Maintenance)	10.3	✓		Ceiling (Constructions and Maintenance)
1.2	✓		Purchasing and Receiving	3.5	✓		Re-heating Methods	7.2	✓		Food Contact Surfaces	11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3	✓		Acceptable Containers and Labeling	3.6	✓		Handling Methods	7.3	✓		Mechanical Dishwashing	11.1	✓		Water (Quality and Quantity)
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4	✓		Manual Dishwashing	11.2	✓		Sewage Disposal
2.1	✓		Storage of Potentially Hazardous Foods	4.1		✓	Display Methods	7.5	✓		Eating Utensils and Dishes	11.3	✓		Solid Waste Handling
2.2	✓		Frozen Storage	4.2	✓	✓	Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3	✓		Refrigerated Storage (Temperature)	5.0	RECORD KEEPING AND RECALLS			8.1	✓		Cleaning and Sanitizing	12.1	✓		Lighting
2.4	✓		Refrigerated Storage (Methods)	5.1	✓	✓	Record Keeping	8.2	✓		Detergents and Chemical Use and Storage	12.2	✓		Ventilation
2.5	✓		Refrigerated Storage (Space)	5.2	✓	✓	Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6	✓		Dry Storage	6.0	PERSONNEL			9.1	✓		Washroom(s)	13.1	✓		Licence
2.7	✓		Storage of Food for Staff	6.1	✓		Demonstrating Knowledge	9.2	✓		Hand Washing Station(s)	13.2	✓		Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING			6.2	✓	✓	Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3	✓		Other Infractions/Hazards
3.1	✓		Thawing Methods	6.3	✓	✓	Personal Hygiene Practices	10.1	✓		Floors (Construction and Maintenance)				
3.2	✓		Cooking Methods		N.O. – Not Observed; S – Satisfactory; U – Unsatisfactory; MI – Minor Infraction; MA – Major Infraction; CR – Critical Infraction										

[illegible]

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	March 10/15 Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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