

FOOD PREMISES INSPECTION FORM

Name of Premises: Twisted Bliss
 Address: 140 Route 170

Licence #: 02-02535 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			<input checked="" type="checkbox"/>	7.0				10.2			<input checked="" type="checkbox"/>
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				Cooling Methods				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Constructions and Maintenance)			
1.2	<input checked="" type="checkbox"/>			3.5	<input checked="" type="checkbox"/>			7.2		<input checked="" type="checkbox"/>		11.0 WATER SUPPLY AND WASTE DISPOSAL			
Purchasing and Receiving				Re-heating Methods				Food Contact Surfaces				Water (Quality and Quantity)			
1.3		<input checked="" type="checkbox"/>		3.6			<input checked="" type="checkbox"/>	7.3	<input checked="" type="checkbox"/>			11.1			<input checked="" type="checkbox"/>
Acceptable Containers and Labeling				Handling Methods				Mechanical Dishwashing				Sewage Disposal			
2.0				4.0				7.4		<input checked="" type="checkbox"/>		11.2			<input checked="" type="checkbox"/>
FOOD STORAGE				FOOD DISPLAY AND SERVICE				Manual Dishwashing				Solid Waste Handling			
2.1		<input checked="" type="checkbox"/>		4.1			<input checked="" type="checkbox"/>	7.5		<input checked="" type="checkbox"/>		11.3			<input checked="" type="checkbox"/>
Storage of Potentially Hazardous Foods				Display Methods				Eating Utensils and Dishes				12.0 LIGHTING AND VENTILATION			
2.2		<input checked="" type="checkbox"/>		4.2			<input checked="" type="checkbox"/>	8.0 CLEANING AND SANITIZING				Lighting			
Frozen Storage				Advance Preparation				Cleaning and Sanitizing				Ventilation			
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.1			<input checked="" type="checkbox"/>
Refrigerated Storage (Temperature)				5.0 RECORD KEEPING AND RECALLS				Detergents and Chemical Use and Storage				13.0 GENERAL			
2.4		<input checked="" type="checkbox"/>		5.1			<input checked="" type="checkbox"/>	8.2		<input checked="" type="checkbox"/>		13.1			<input checked="" type="checkbox"/>
Refrigerated Storage (Methods)				Record Keeping				Sanitary Facilities				Licence			
2.5		<input checked="" type="checkbox"/>		5.2			<input checked="" type="checkbox"/>	9.0				13.2			<input checked="" type="checkbox"/>
Refrigerated Storage (Space)				Recall of Food				Washroom(s)				Rodent and Insect Control			
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.3			<input checked="" type="checkbox"/>
Dry Storage				6.0 PERSONNEL				Hand Washing Station(s)				Other Infractions/Hazards			
2.7	<input checked="" type="checkbox"/>			6.1			<input checked="" type="checkbox"/>	9.2		<input checked="" type="checkbox"/>					
Storage of Food for Staff				Demonstrating Knowledge				Floors, Walls and Ceilings							
3.0				6.2			<input checked="" type="checkbox"/>	10.0							
FOOD PREPARATION AND HANDLING				Employee Health				Floors (Construction and Maintenance)							
3.1	<input checked="" type="checkbox"/>			6.3			<input checked="" type="checkbox"/>	10.1							
Thawing Methods				Personal Hygiene Practices											
3.2	<input checked="" type="checkbox"/>														
Cooking Methods				<i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i>											

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	<u>July 11-17</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:	
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White - Office; Yellow - Operator; Blue - Copy for Posting