

FOOD PREMISES INSPECTION FORM

Name of Establishment: Sapranos PIZZA

Type: ___ Class 1, ___ Class 2, ___ Class 3, Class 4, ___ Class 5

Operator: _____

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

Licence # 01-014125

Address: 8553 Main Street Alma

Number of employees: 1 Seating Capacity: 24 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

Item No.	MI	MA	CR	REMARKS	Date for Correction
2.3	<input checked="" type="checkbox"/>			Temperature in walk in cooler must be logged daily	next routine inspection
8.1	<input checked="" type="checkbox"/>			Walk-in cooler must be cleaned	next routine inspection

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

Green: Date of Inspection: Feb. 12/10 Re-Inspection Required: yes ___ no

Light yellow: ___ Dark yellow: ___ If Yes, Date: _____

Light red: ___ Dark red: ___