

# FOOD PREMISES INSPECTION FORM

Name of Premises: 4 Seasons Restaurant

Licence #: 04-00116

Type:  Class 3  Class 4  Class 5

Address: 235 Broadway, Grand Falls

Category:  Routine  Re-inspection  New Licence  Complaint  CD Follow-up Inspection

Water Supply:  Private  Municipal



1.0 FOOD		3.3		Holding Methods		7.0 FOOD EQUIPMENT AND UTENSILS		10.2		Walls (Construction and Maintenance)	
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)	10.3	<input checked="" type="checkbox"/>	Ceilings (Constructions 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	11.0	<b>WATER SUPPLY AND WASTE DISPOSAL</b>	
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	11.1	<input checked="" type="checkbox"/>	Water (Quality and Quantity)
<b>2.0 FOOD STORAGE</b>		<b>4.0 FOOD DISPLAY AND SERVICE</b>		7.4		<input checked="" type="checkbox"/>	Manual Dishwashing	11.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage Disposal
2.1	<input checked="" type="checkbox"/>	Storage of Potentially Hazardous Foods	4.1	<input checked="" type="checkbox"/>	Display Methods	7.5	<input checked="" type="checkbox"/>	Eating Utensils and Dishes	11.3	<input checked="" type="checkbox"/>	Solid Waste Handling
2.2	<input checked="" type="checkbox"/>	Frozen Storage	4.2	<input checked="" type="checkbox"/>	Advance Preparation	<b>8.0 CLEANING AND SANITIZING</b>		<b>12.0 LIGHTING AND VENTILATION</b>			
2.3	<input checked="" type="checkbox"/>	Refrigerated Storage (Temperature)	5.0	<b>RECORD KEEPING AND RECALL</b>		8.1	<input checked="" type="checkbox"/>	Cleaning and Sanitizing	12.1	<input checked="" type="checkbox"/>	Lighting
2.4	<input checked="" type="checkbox"/>	Refrigerated Storage (Methods)	5.1	<input checked="" type="checkbox"/>	Record Keeping	8.2	<input checked="" type="checkbox"/>	Detergents and Chemical Use and Storage	12.2	<input checked="" type="checkbox"/>	Ventilation
2.5	<input checked="" type="checkbox"/>	Refrigerated Storage (Space)	5.2	<input checked="" type="checkbox"/>	Recall of Food	<b>9.0 SANITARY FACILITIES</b>		<b>13.0 GENERAL</b>			
2.6	<input checked="" type="checkbox"/>	Dry Storage	5.0	<b>PERSONNEL</b>		9.1	<input checked="" type="checkbox"/>	Washroom(s)	13.1	<input checked="" type="checkbox"/>	Licence
2.7	<input checked="" type="checkbox"/>	Storage of Food for Staff	6.1	<input checked="" type="checkbox"/>	Demonstrating Knowledge	9.2	<input checked="" type="checkbox"/>	Hand Washing Station(s)	13.2	<input checked="" type="checkbox"/>	Rodent and Insect Control
<b>3.0 FOOD PREPARATION AND HANDLING</b>		6.2		<input checked="" type="checkbox"/>	Employee Health	<b>10.0 FLOORS, WALLS AND CEILING</b>		13.3		<input checked="" type="checkbox"/>	Other Infractions/Hazards
3.1	<input checked="" type="checkbox"/>	Thawing Methods	6.3	<input checked="" type="checkbox"/>	Personal Hygiene Practices	10.1	<input checked="" type="checkbox"/>	Floors (Construction and Maintenance)			
3.2	<input checked="" type="checkbox"/>	Cooking Methods	N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction								

7.4	X					items 1.3, 7.1 & 10.1 has been corrected					
9.2	X					make sure all dishes are washed Rinse Sanitized (Front storeroom)					corrected at insp
						Hand washing sink cannot be used for any other purpose than Hand washing.					corrected at insp
						JH					

<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;">2017-02-16</p> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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