

# FOOD SERVICE ESTABLISHMENT INSPECTION FORM

Name of Establishment: School Riverview High School Type:  Eating Establishment,  Bakery,  Catering Kitchen,  Mobile Canteen,  Institutional,  Vending Machine  
 Operator: \_\_\_\_\_  
 Licence #: 01-00121 Category:  Routine,  Re-inspection,  Complaint,  New Facility,  Communicable Disease Follow-up inspection  
 Address: 400 Winkpine Rd Number of employees: 5 Seating Capacity: 125 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
<b>1.0 FOOD</b>					3.4		<input checked="" type="checkbox"/>		Cooling Methods	6.4		<input checked="" type="checkbox"/>		Manual Dish / Pot washing
1.1		<input checked="" type="checkbox"/>		Approved Source	3.5		<input checked="" type="checkbox"/>		Re-Heating Methods	6.5		<input checked="" type="checkbox"/>		Eating Utensils / Dishes
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.6		<input checked="" type="checkbox"/>		Handling Methods	<b>7.0 CLEANING AND SANITIZING</b>				
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	<b>4.0 FOOD DISPLAY / SERVICE</b>					7.1		<input checked="" type="checkbox"/>		Cleaning Schedule Present
<b>2.0 FOOD STORAGE</b>					4.1		<input checked="" type="checkbox"/>		Display Methods	7.2		<input checked="" type="checkbox"/>		Detergents and Chemicals use and storage
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Haz. Foods	4.2		<input checked="" type="checkbox"/>		Advance Preparation	<b>8.0 SANITARY FACILITIES</b>				
2.2		<input checked="" type="checkbox"/>		Frozen Storage	<b>5.0 PERSONNEL</b>					8.1		<input checked="" type="checkbox"/>		Staff Washroom (s)
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage Temperature	5.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	8.2		<input checked="" type="checkbox"/>		Public Washroom (s)
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage Methods	5.2		<input checked="" type="checkbox"/>		Employee Health	8.3		<input checked="" type="checkbox"/>		Hand Washing Sink (s)
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage Space	5.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	8.4		<input checked="" type="checkbox"/>		Utility Sink / Janitor Sink
2.6		<input checked="" type="checkbox"/>		Dry Storage			<input checked="" type="checkbox"/>			8.5		<input checked="" type="checkbox"/>		Staff Change Rooms
<b>3.0 FOOD PREPARATION</b>					<b>6.0 FOOD EQUIPMENT &amp; UTENSILS</b>					<b>9.0 FLOORS, WALLS, CEILINGS</b>				
3.1		<input checked="" type="checkbox"/>		Thawing Methods	6.1		<input checked="" type="checkbox"/>		Food Equipment- design, construction, installation and maintenance	9.1		<input checked="" type="checkbox"/>		Floors- construction, maintenance
3.2		<input checked="" type="checkbox"/>		Cooking Methods	6.2		<input checked="" type="checkbox"/>		Food Contact Surfaces	9.2		<input checked="" type="checkbox"/>		Walls- construction, maintenance
3.3		<input checked="" type="checkbox"/>		Holding Methods	6.3		<input checked="" type="checkbox"/>		Mechanical Dishwashing	9.3		<input checked="" type="checkbox"/>		Ceilings- construction, maintenance
										<b>10.0 WATER SUPPLY- WASTE DISPOSAL</b>				
										10.1				
										<input checked="" type="checkbox"/>				
										Water- Quality, quantity				
										10.2				
										<input checked="" type="checkbox"/>				
										Sewage Disposal				
										10.3				
										<input checked="" type="checkbox"/>				
										Solid Waste Handling				
										<b>11.0 LIGHTING AND VENTILLATION</b>				
										11.1				
										<input checked="" type="checkbox"/>				
										Lighting				
										11.2				
										<input checked="" type="checkbox"/>				
										Ventilation				
										<b>12.0 GENERAL</b>				
										12.1				
										<input checked="" type="checkbox"/>				
										License				
										12.2				
										<input checked="" type="checkbox"/>				
										Rodents and Insects				
										12.3				
										<input checked="" type="checkbox"/>				
										Other Infraction				

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

Item No.	MI	MA	CR	REMARKS	Date for Correction

Green:  Light yellow: \_\_\_\_\_, Dark yellow: \_\_\_\_\_  
 Light red: \_\_\_\_\_, Dark red: \_\_\_\_\_

Date of Inspection: Sept 29/09

Re-Inspection Required: yes \_\_\_\_\_ no   
 If Yes, Date: \_\_\_\_\_