

FOOD SERVICE ESTABLISHMENT INSPECTION FORM



Name of Establishment: Saint Easy - Grand Marché Type: Eating Establishment, Bakery, Catering Kitchen, Mobile Canteen, Institutional, Vending Machine
 Licence #: 02*00522 Category: Routine, Re-inspection, Complaint, New Facility, Communicable Disease Follow-up inspection
 Address: ROUTE 774, GRAND MARCHÉ Number of employees: _____ Seating Capacity: N/A Water Supply: Private Municipal

1.0 FOOD		3.4	<input checked="" type="checkbox"/>	Cooling Methods	6.4	<input checked="" type="checkbox"/>	Manual Dish / Pot washing	10.0 WATER SUPPLY- WASTE DISPOSAL		
1.1	<input checked="" type="checkbox"/>	Approved Source	3.5	<input checked="" type="checkbox"/>	Re-Heating Methods	6.5	<input checked="" type="checkbox"/>	10.1	<input checked="" type="checkbox"/>	Water- Quality, quantity
1.2	<input checked="" type="checkbox"/>	Purchasing and Receiving	3.6	<input checked="" type="checkbox"/>	Handling Methods	7.0 CLEANING AND SANITIZING		10.2	<input checked="" type="checkbox"/>	Sewage Disposal
1.3	<input checked="" type="checkbox"/>	Acceptable Containers and Labeling	4.0 FOOD DISPLAY / SERVICE		7.1	<input checked="" type="checkbox"/>	Cleaning Schedule Present	10.3	<input checked="" type="checkbox"/>	Solid Waste Handling
2.0 FOOD STORAGE		4.1	<input checked="" type="checkbox"/>	Display Methods	7.2	<input checked="" type="checkbox"/>	Detergents and Chemicals use and storage	11.0 LIGHTING AND VENTILLATION		
2.1	<input checked="" type="checkbox"/>	Storage of Potentially Haz. Foods	4.2	<input checked="" type="checkbox"/>	Advance Preparation	8.0 SANITARY FACILITIES		11.1	<input checked="" type="checkbox"/>	Lighting
2.2	<input checked="" type="checkbox"/>	Frozen Storage	5.0 PERSONNEL		8.1	<input checked="" type="checkbox"/>	Staff Washroom (s)	11.2	<input checked="" type="checkbox"/>	Ventilation
2.3	<input checked="" type="checkbox"/>	Refrigerated Storage Temperature	5.1	<input checked="" type="checkbox"/>	Demonstrating Knowledge	8.2	<input checked="" type="checkbox"/>	12.0 GENERAL		
2.4	<input checked="" type="checkbox"/>	Refrigerated Storage Methods	5.2	<input checked="" type="checkbox"/>	Employee Health	8.3	<input checked="" type="checkbox"/>	12.1	<input checked="" type="checkbox"/>	License
2.5	<input checked="" type="checkbox"/>	Refrigerated Storage Space	5.3	<input checked="" type="checkbox"/>	Personal Hygiene Practices	8.4	<input checked="" type="checkbox"/>	12.2	<input checked="" type="checkbox"/>	Rodents and Insects
2.6	<input checked="" type="checkbox"/>	Dry Storage		<input checked="" type="checkbox"/>		8.5	<input checked="" type="checkbox"/>	12.3	<input checked="" type="checkbox"/>	Other Infraction
3.0 FOOD PREPARATION		6.0 FOOD EQUIPMENT & UTENSILS			9.0 FLOORS, WALLS, CEILINGS					
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		

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

2.4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Ensure temperature logs of coolers are recorded twice per day - presently doing</i>		<i>Advised to immediately implement</i>
9.2	<input checked="" type="checkbox"/>		<i>Ensure dust/ lint is cleaned off top of menu board on routine basis</i>		<i>once per day.</i>

Green: Light yellow: _____, Dark yellow: _____
 Light red: _____, Dark red: _____

Date of Inspection: Sept 2/09

Re-Inspection Required: yes _____ no

If Yes, Date: _____