

FOOD SERVICE ESTABLISHMENT INSPECTION FORM



Name of Establishment: Leveness Hall
 Operator: _____
 Licence #: 0100316
 Address: 147 Mar St, St John's

Type: Eating Establishment, Bakery, Catering Kitchen, Mobile Canteen, Institutional, Vending Machine
 Category: Routine, Re-inspection, Complaint, New Facility, Communicable Disease Follow-up inspection
 Number of employees: 30 Seating Capacity: 650 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					3.4		<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	7.0 CLEANING AND SANITIZING				
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	4.0 FOOD DISPLAY / SERVICE					7.1		<input checked="" type="checkbox"/>		Cleaning Schedule Present
2.0 FOOD STORAGE					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	8.0 SANITARY FACILITIES				
2.2		<input checked="" type="checkbox"/>		Frozen Storage	5.0 PERSONNEL					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	6.0 FOOD EQUIPMENT & UTENSILS					8.5		<input checked="" type="checkbox"/>		Staff Change Rooms
3.0 FOOD PREPARATION					6.1		<input checked="" type="checkbox"/>		Food Equipment- design, construction, Installation and maintenance	9.0 FLOORS, WALLS, CEILINGS				
3.1		<input checked="" type="checkbox"/>		Thawing Methods	6.2		<input checked="" type="checkbox"/>		Food Contact Surfaces	9.1		<input checked="" type="checkbox"/>		Floors- construction, maintenance
3.2		<input checked="" type="checkbox"/>		Cooking Methods	6.3		<input checked="" type="checkbox"/>		Mechanical Dishwashing	9.2		<input checked="" type="checkbox"/>		Walls- construction, maintenance
3.3		<input checked="" type="checkbox"/>		Holding Methods						9.3		<input checked="" type="checkbox"/>		Ceilings- construction, maintenance
										10.0 WATER SUPPLY- WASTE DISPOSAL				
										11.0 LIGHTING AND VENTILLATION				
										12.0 GENERAL				
										10.1 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water- Quality, quantity				
										10.2 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewage Disposal				
										10.3 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Solid Waste Handling				
										11.1 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lighting				
										11.2 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ventilation				
										12.1 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> License				
										12.2 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rodents and Insects				
										12.3 <input checked="" type="checkbox"/> <input type="checkbox"/> <input 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
2.6	<input checked="" type="checkbox"/>			All food must be stored 6" above floor.	Now ↓
4.1	<input checked="" type="checkbox"/>			All displayed foods must be protected by sneeze guards.	
6.1	<input checked="" type="checkbox"/>			All handles must be cleaned and sanitized after.	
2.4	<input checked="" type="checkbox"/>			All cooked foods must be stored above raw.	
3.3	<input checked="" type="checkbox"/>			All food storage bins must be cleaned after.	

Green: Light yellow: , Dark yellow:
 Light red: , Dark red: Date of Inspection: Sept 22/09 Re-Inspection Required: yes no If Yes, Date: _____