

### FOOD PREMISES INSPECTION FORM

Name of Establishment: 878 WATERFRONT BISTRO Type:  Class 1,  Class 2,  Class 3,  Class 4,  Class 5

Operator: \_\_\_\_\_ Category:  Routine,  Re-inspection,  Complaint,  New Facility,  CD Follow-up inspection

Licence #: 32-00243

Address: 878 E. RIVERSIDE DR Number of employees: 3 Seating Capacity: 65 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>					3.3		<input checked="" type="checkbox"/>		Holding Methods	<b>7.0 FOOD EQUIPMENT &amp; UTENSILS</b>				10.3		<input checked="" type="checkbox"/>		Ceilings- construction, 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	<b>11.0 WATER SUPPLY- WASTE DISPOSAL</b>				
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	11.1		<input checked="" type="checkbox"/>		Water- quality, quantity
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	11.2		<input checked="" type="checkbox"/>		Sewage Disposal
<b>2.0 FOOD STORAGE</b>					<b>4.0 FOOD DISPLAY / SERVICE</b>					7.4		<input checked="" type="checkbox"/>		Manual Dishwashing	11.3		<input checked="" type="checkbox"/>		Solid Waste Handling
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	<b>12.0 LIGHTING AND VENTILLATION</b>				
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2		<input checked="" type="checkbox"/>		Advance Preparation	<b>8.0 CLEANING AND SANITIZING</b>				12.1		<input checked="" type="checkbox"/>		Lighting	
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage Temperature						8.1		<input checked="" type="checkbox"/>		Cleaning and Sanitizing	12.2		<input checked="" type="checkbox"/>		Ventilation
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage Methods	<b>5.0 RECORD KEEPING AND RECALLS</b>					8.2		<input checked="" type="checkbox"/>		Detergents and Chemicals use and storage	<b>13.0 GENERAL</b>				
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage Space	5.1		<input checked="" type="checkbox"/>		Record Keeping	<b>9.0 SANITARY FACILITIES</b>				13.1		<input checked="" type="checkbox"/>		Licence	
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)	13.2		<input checked="" type="checkbox"/>		Rodent and Insect Control
2.7		<input checked="" type="checkbox"/>		Storage of Food for Staff	<b>6.0 PERSONNEL</b>					9.2		<input checked="" type="checkbox"/>		Hand Washing Station (s)	13.3				Other Infractions/Hazards
<b>3.0 FOOD PREPARATION AND HANDLING</b>					6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	<b>10.0 FLOORS, WALLS, CEILINGS</b>									
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
4.1g	<input checked="" type="checkbox"/>			cleaning schedule to be posted or accessible for all staff.	Next Routine
10.2	<input checked="" type="checkbox"/>			walls in dishwash room require painting	Next Routine

N.O-Not Observed, S- Satisfactory, U- Unsatisfactory, MI-Minor Infraction, MA- Major Infraction, CR- Critical Infraction  
 Green:  Light yellow:  Dark yellow:  Light red:  Dark red:   
 Date of inspection: Feb 4/10 Re-inspection Required: yes  no   
 If Yes, Date: \_\_\_\_\_