

FOOD PREMISES INSPECTION FORM

Name of Premises: Michael Laxon Inc.

Operator:

Address: _____

Licence #: 02-000000

Type: ☐ Class 3

Category: ☒ Routine

Water Supply: ☐ Private

☐ Class 4

☐ Re-inspection☒ Municipal☐ Class 5☐ New Licence☐ Other

Item No.	N.O.	S	U	Item No.	N.O.	S	U	Item No.	N.O.	S	U	Item No.	N.O.	S	U	
1.0	FOOD			3.3				7.0	FOOD EQUIPMENT AND UTENSILS			10.2				Walls (Construction and Maintenance)
1.1				3.4				7.1				10.3				Ceilings (Constructions and Maintenance)
1.2				3.5				7.2				11.0	WATER SUPPLY AND WASTE DISPOSAL			
1.3				3.6				7.3				11.1				Water (Quality and Quantity)
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4				11.2				Sewage Disposal
2.1				4.1				7.5				11.3				Solid Waste Handling
2.2				4.2				8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION			
2.3				5.0	RECORD KEEPING AND RECALLS			8.1				12.1				Lighting
2.4				5.1				8.2				12.2				Ventilation
2.5				5.2				9.0	SANITARY FACILITIES			13.0	GENERAL			
2.6				6.0	PERSONNEL			9.1				13.1				Licence
2.7				6.1				9.2				13.2				Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILINGS			13.3				Other Infractions/Hazards
3.1				6.3				10.1								
3.2																

N.O. – Not Observed; S – Satisfactory; U – Unsatisfactory; MI – Minor Infraction; MA – Major Infraction; CR – Critical Infraction

[illegible]

<input checked="checked" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	<div style="font-size: 1.5em; color: blue; text-align: center;">Jan 20/2020</div> <div style="text-align: center;">Date of Inspection:</div>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No If Yes, Date:
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