

Name of Establishment: The Beacon  
Operator: \_\_\_\_\_  
Address: 14 Main St. St. George



Item No.	M.O.	S	U		Item No.	M.O.	S	U		Item No.	M.O.	S	U		Item No.	M.O.	S	U	
1.0	FOOD				3.3				Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS				10.2				Walls (Construction and Maintenance)
1.1				Approved Source	3.4				Cooling Methods	7.1				Food Equipment (Design, Construction, Installation and Maintenance)	10.3				Ceiling (Constructions and Maintenance)
1.2				Purchasing and Receiving	3.5				Re-heating Methods	7.2				Food Contact Surfaces	11.0	WATER SUPPLY AND WASTE DISPOSAL			
1.3				Acceptable Containers and Labeling	3.6				Handling Methods	7.3				Mechanical Dishwashing	11.1				Water (Quality and Quantity)
2.0	FOOD STORAGE				4.0	FOOD DISPLAY AND SERVICE				7.4				Manual Dishwashing	11.2				Sewage Disposal
2.1				Storage of Potentially Hazardous Foods	4.1				Display Methods	7.5				Eating Utensils and Dishes	11.3				Solid Waste Handling
2.2				Frozen Storage	4.2				Advance Preparation	8.0	CLEANING AND SANITIZING				12.0	LIGHTING AND VENTILATION			
2.3		✓		Refrigerated Storage (Temperature)	5.0	RECORD KEEPING AND RECALLS				8.1		✓		Cleaning and Sanitizing	12.1				Lighting
2.4				Refrigerated Storage (Methods)	5.1				Record Keeping	8.2				Detergents and Chemical Use and Storage	12.2				Ventilation
2.5				Refrigerated Storage (Space)	5.2				Recall of Food	9.0	SANITARY FACILITIES				13.0	GENERAL			
2.6				Dry Storage	6.0	PERSONNEL				9.1				Washroom(s)	13.1				Licence
2.7				Storage of Food for Staff	6.1		✓		Demonstrating Knowledge	9.2				Hand Washing Station(s)	13.2				Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING				6.2				Employee Health	10.0	FLOORS, WALLS AND CEILINGS				13.3				Other Infractions/Hazards
3.1				Thawing Methods	6.3				Personal Hygiene Practices	10.1				Floors (Construction and Maintenance)					
3.2				Cooking Methods	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"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<i>June 16/16</i> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No If Yes, Date:
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