

Name of Establishment: Hillbourne Cafe and  
Operator: Sue  
Address: 9782 Rte 134 Allouane



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	Sept 4/13 Date of Inspection:	Re-Inspection Required: <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No If Yes, Date:
---	----------------------------------	---