

FOOD PREMISES INSPECTION FORM

Name of Premises: Mrs. Sunit Koush Kumar's home License #: 07-00 9820 Type: Class 3 Class 4 Class 5
 Operator: SLCobbe's Inc Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 Address: Mirabel, N.B. Water Supply: Private Municipal



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		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1	Food Equipment (Design, Construction, Installation and Maintenance)			10.3		<input checked="" type="checkbox"/>		Ceilings (Construction and Maintenance)
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2	Food Contact Surfaces			11.0		<input checked="" type="checkbox"/>		WATER SUPPLY AND WASTE DISPOSAL
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3	Mechanical Dishwashing			11.1		<input checked="" type="checkbox"/>		Water (Quality and Quantity)
2.0	FOOD STORAGE			4.0		<input checked="" type="checkbox"/>		7.4	Manual Dishwashing			11.2		<input checked="" type="checkbox"/>		Sewage Disposal
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5	Eating Utensils and Dishes			11.3		<input checked="" type="checkbox"/>		Solid Waste Handling
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING			12.0		<input checked="" type="checkbox"/>		LIGHTING AND VENTILATION
2.3		<input checked="" type="checkbox"/>		5.0		<input checked="" type="checkbox"/>		8.1	Cleaning and Sanitizing			12.1		<input checked="" type="checkbox"/>		Lighting
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2	Detergents and Chemical Use and Storage			12.2		<input checked="" type="checkbox"/>		Ventilation
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES			13.0		<input checked="" type="checkbox"/>		GENERAL
2.6		<input checked="" type="checkbox"/>		6.0		<input checked="" type="checkbox"/>		9.1	Washroom(s)			13.1		<input checked="" type="checkbox"/>		License
2.7		<input checked="" type="checkbox"/>		6.1	PERSONNEL	<input checked="" type="checkbox"/>		9.2	Hand Washing Station(s)			13.2		<input checked="" type="checkbox"/>		Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>		Other Infractions/Hazards
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1	Floors (Construction and Maintenance)							
3.2		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>										

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

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: 12/01/2008

Re-inspection Required: Yes No
 If Yes, Date:

Signature: [Handwritten Signature]

Title: